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JOURNAL

JULY 1997

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HOW HONEST ARE YOU?

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(No Cheating!)

L-AMERICAN OOKBOOK

rbecues, Salads, ortcakes

ANTS THAT LOVE THE SHADE

ummer Beauty 911

st Aid For Makeup Meltdowns And Really Bad Hair Days

Reba Reveals

Her Secret Crush, Her Guilty Pleasure And The Beauty Treatment She's Never Talked About Before

The Wife Is The Last To Know
Anne Rivers Siddons

Y DAUGHTER DIDN'T HAVE TO DIE"
del Krissy Taylor's Mom Speaks Out

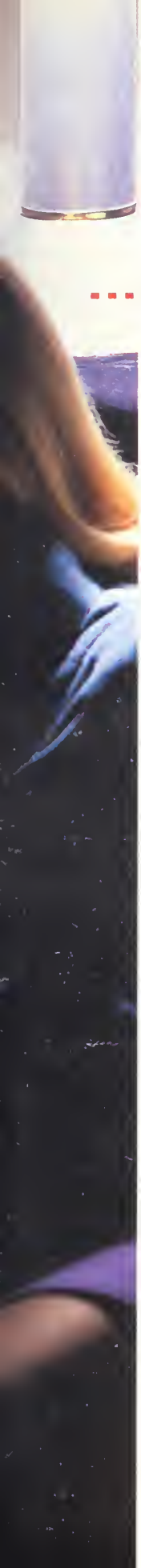
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What you call gossip we call fact-finding.

VIRGINIA SLIMS

It's a *woman* thing.









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JOURNAL

July 1997

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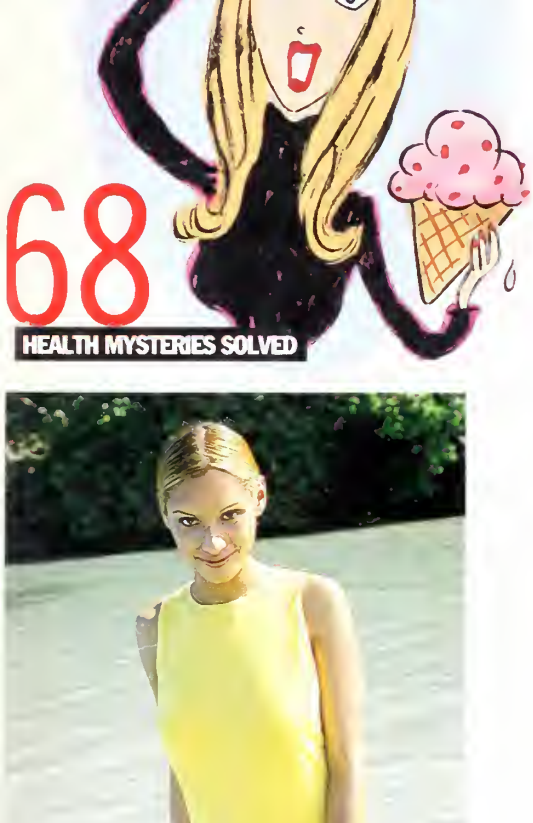
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All-American



From now on, I'm going to dedicate part of my column to a brief biography of one of the one hundred most important women of the twentieth century. In the fall of 1998, *Ladies' Home Journal* plans to publish both a book and a special magazine celebrating the achievements of these women who are still influencing the lives of all of us. For the past few months, a panel of distinguished professors have helped us compile our list. They are experts on women's achievements as well as in their own field, including: Mary Beth Norton, Mary Donlon Alger Professor of American History at Cornell University; Evelyn Brooks Higginbotham, Professor of Afro-American Studies at Harvard University; Anne Fausto-Sterling, Professor of Medical Science and Women's Studies at Brown University; Linda K. Kerber, May Brodbeck Professor in the Liberal Arts at the University of Iowa; Vicki Ruiz, Professor of History and Chicano Studies at Arizona State University; Anne Firor Scott, W.K. Boyd Professor of History Emerita at Duke University; and Jane De Hart, Professor of History at the University of California at Santa Barbara.

By the way, we don't intend to list our one hundred women in order of importance because, quite honestly, they are all extraordinary. This month, I'm starting with Amelia Earhart, whose last flight is still making news. Texas businesswoman and pilot Linda Finch has just been reenacting Earhart's famous last journey.

Also check out our "Prettiest Small Town in America" Contest on page 46. We're looking for a really special place. Maybe you know exactly where it is because you live there. Happy Fourth of July!

MYRNA BLYTH
Editor-in-Chief



UP, UP AND AWAY
Amelia Earhart
1897-1937

She was born in Kansas one hundred years ago this month, and from the first, craved adventure. Transformed by the "breathtaking beauty" of a ride in an airplane, she immediately learned to fly. In 1928, the year after Lindbergh's solo flight, she was chosen to be the first woman transatlantic airplane passenger. It brought her instant fame in a world that was just beginning to realize how important air travel would become. She kept flying high, soloing and setting speed records, an immediate symbol of the adventurous modern woman. She planned as her final record-breaking flight a twenty-nine-thousand-mile trip around the equator. She disappeared somewhere in the Pacific, leaving behind the memory of her trailblazing spirit—and one of the unsolved mysteries of the twentieth century.



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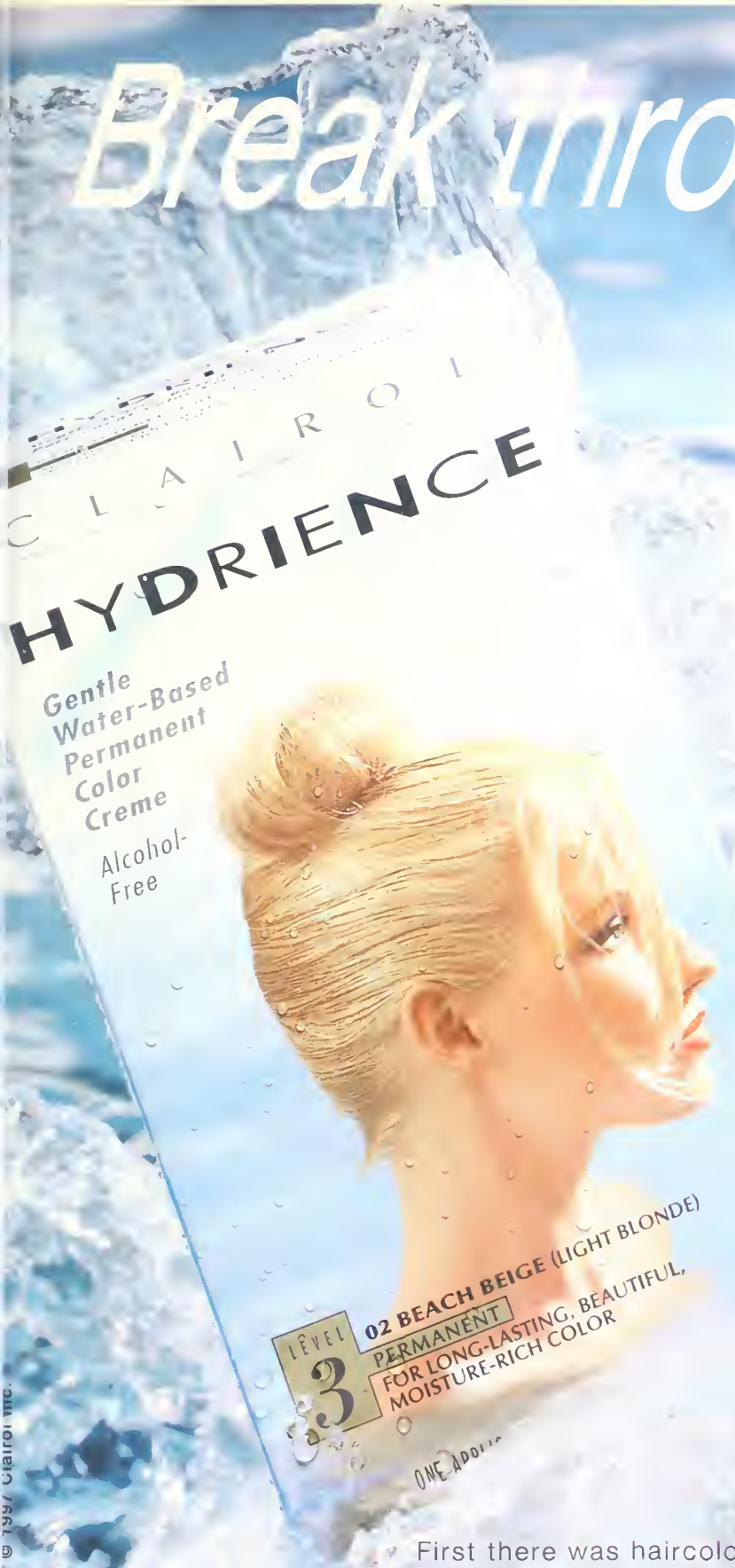
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IEET OUR CONTRIBUTORS



Anne Rivers Siddons

In "The Last to Know" (page 48), an excerpt from the Southern writer's latest novel, *Up Island* (HarperCollins, 1997), a devoted wife's world turns upside down when she pieces together the signs of her husband's infidelity. Hailed by *The Atlanta Constitution* as "the Jane Austen of modern Atlanta," Siddons also penned the best-seller *Fault Lines* (HarperCollins, 1995).



Nicols Fox

What harm could just one bite of inted meat do? This investigative urnalist gives you an idea in "The Case of the Deadly Hamburger" (page 36), an excerpt from *Spoiled: The Dangerous Truth About a Food Chain Gone Haywire* (BasicBooks, 1997). Fox also writes for *The Washington Post* and *The New York Times*.



George Holz

"Reba McEntire is not only talented, she's enormously gracious," says the man who photographed the country-music star for our cover story (page 116). Holz's résumé of celebrity portraits includes Madonna and Oprah Winfrey. An exhibit of his work entitled "Original Sin" is currently on tour.

Patrice Mitchell

In "Camp Hope" (page 124), a weekend outdoor-adventure program in upstate New York shows Mitchell and twenty-seven other breast-cancer survivors how to conquer their fears and renew their spirits. "Our physical triumphs helped us heal emotionally," says the journalist, who finished treatment for breast cancer two years ago.





Tom McWilliam

Lighting didn't pose a problem for this photographer when he shot the tree-covered garden for the story "Made in the Shade" (page 132). "The wind was the tricky part," he says. "You've got to let it settle and wait for that magic moment when everything looks perfect."

LADIES' HOME JOURNAL

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Russ's mother is driving Joy crazy. Can't he see how cruel—and even dangerous—she has become?

By Margery D. Rosen

"My MOTHER-IN-LAW is wrecking OUR MARRIAGE"

JOY'S TURN

"Everyone always says her mother-in-law is crazy," said Joy, forty, a soft-spoken woman and mother of nine-year-old Lauren, "but in my case it's literally true. Elana has hated me from the moment she met me. Russ and I had just gotten engaged, and we drove four hours so he could introduce me to her. When we got to her apartment, she was wildly drunk and wouldn't even let me in the door. She's an alcoholic, but she's never gotten treatment—Russ and his two younger sisters refuse even to admit she has a problem.

"Believe me, I know. My father was an alcoholic, too. He was warm and loving when he wasn't drunk, sad and miserable when he was. Mother was very withdrawn and unemotional. She often went out in the evenings, leaving me alone with my father, who was usually drunk. My two sisters were already in college. Dad would ramble on and on to me about his problems, and sometimes he'd cry. I was scared and overwhelmed.

"I wanted to be a veterinarian when I grew up, but my parents never even encouraged me to go to college. After high school, I went to Texas to visit my oldest sister, and I never left. Then at twenty-five, I patched together enough financial aid to go to college to study business administration.

"That's when I met Russ, who sat behind me in class. He was such a flirt, and at first I was put off, though I was impressed by his comments in class. We bumped into each other at a party and, though I was with another guy, we spent most of the evening together.

"Three years later, we got engaged. All this time, we'd never talked about his mother. The day he took me to meet her, she locked herself in her bathroom and screamed, 'Get that bitch out of here!' Finally, we left, but Russ refused to discuss the incident.

"That's been the pattern. Elana says and does the most vile things, but Russ pretends they never happened. I know he feels responsible for her. His father, a diplomat, deserted them when Russ was only ten, and Russ held the family together. His kindness is a great quality, but it has *(continued on page 16)*

THE MOST POPULAR, most enduring women's magazine feature in the world. This month's case, about a couple struggling with family interference, is based on interviews with clients and information from the files of PAMELA MONDAY, Ph.D., a marriage and family therapist in private practice in Austin, Texas. The story told here is true, although names and other details have been changed to conceal identities.

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Continued from page 10

reached the point where his mother is destroying me—and our marriage.

"Elana's cruelty is astounding. At our rehearsal dinner, she stood up to make a toast and said, 'Well, I hope you can hold onto him, though I seriously doubt it.' I was stunned at first. Then I burst into tears and ran out of the room.

"A few years ago, when I told her my mother had cancer, the first thing she said was, 'Well, I'm not going to the funeral.' If we go out for dinner, she insists on sitting between Russ and me.

"Russ doesn't even tell me when she's coming to spend the weekend. Whatever plans I've made go out the window when she shows up. She also calls at all hours, often waking us up.

"I'm furious that Russ never defends me. When his mom behaves this way in front of my daughter, though, I draw the line. Here's an example: It was Elana's birthday, and it was about fifty-five degrees outside. The first thing she said when we got to her condo was, 'Let's go for a swim.' She grabbed Lauren and raced to the courtyard pool. Then, with her clothes on—shoes and all—she jumped in and yelled, 'Come on, Lauren, jump in.' I told Lauren not to go in, but Elana kept insisting, and Russ just laughed. Lauren burst into tears.

"I swore I'd never allow Lauren to be alone with Elana again, but she's forever calling and enticing Lauren with shopping sprees, movies and presents. Russ refuses to tell Lauren the real explanation for her grandmother's odd behavior, so I look like the bad guy.

"As a result of all the tension, our sex life has really suffered. Russ complains that I'm never in the mood. He's right. But the truth is, he often arrives home from work hours late and goes straight to his computer.

"We rarely argue, though—except about his business trips, which he springs on me at the last minute. I get totally overwhelmed and anxious.

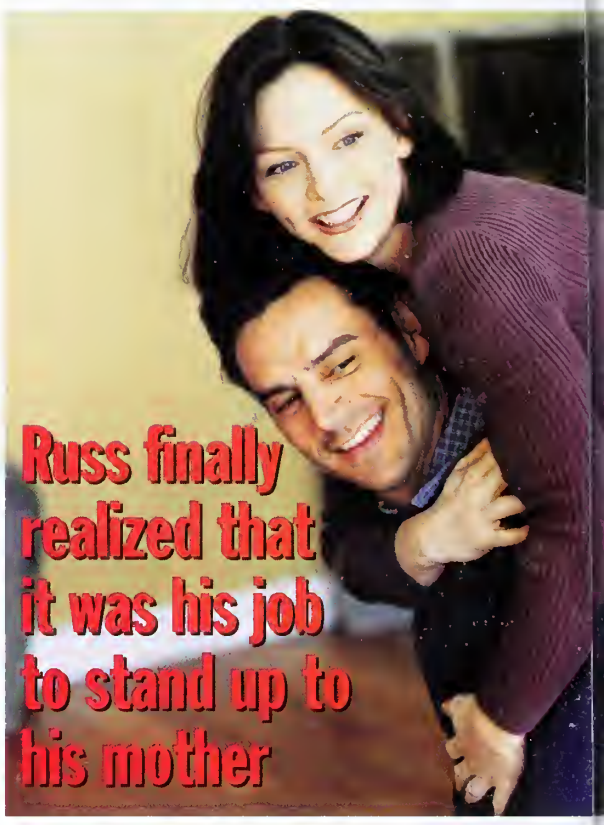
"I could have been the best daughter-in-law anyone ever had. But I can't forget what Elana has done."

RUSS'S TURN

"I've never been comfortable talking to a stranger about personal problems," said Russ, thirty-six, a writer for a travel magazine. "But our marriage has gotten so rocky, this might be the only way to save it.

"I'm torn between my mother and my wife. I can't stand it when Joy asks me to defend her. I've always felt responsible for my mother. I'm the oldest and the only boy. As a diplomat's kid, I grew up all over the world: Italy, Norway, Japan, France. It sounds great, but I hated changing schools every few years and having to make new friends.

"I was really spoiled. I wasn't a troublemaker, but if my parents went out, I'd goof off instead of studying. When I failed a test, my mother always assumed it was the teacher's fault.



"In Mom's eyes, I could do no wrong. After my father left us, in Italy, she relied on me for everything. She'd never worked before, and suddenly she had three children to raise in a foreign country. I was only ten, but I took care of my sisters, made sure they had breakfast before school. I hated my father and still have no respect for him because of what he did to my mother.

"When I was seventeen, we moved back to the U.S., and Mom found a job as a translator; I finished high school and then enrolled at a university in Texas. I noticed Joy right away, though it took a whole semester before I could even get her to go out with me!

"From the beginning, there was tension between Joy and my mother. Joy is far too sensitive about everything. First of all, my mother has disliked every woman I have ever dated. I told Joy that, but it didn't seem to make a difference. She also overreacts. Like when Mom jumped in the pool. Nobody got hurt. To be honest, I thought it was kind of funny. Joy got so furious that she refuses to allow Lauren to be alone with her even for an afternoon. But Mom deserves to see her only granddaughter more than once a year.

"I *know* my mother has a drinking problem. When I was a kid, I'd often come home from school to find her passed out in bed. Do you know how scary it is to see your mother totally out of control? As we got older, my sisters and I tried to get her to stop. Mom would never stay on the wagon more than a month. My point is, she's a troubled woman. Why aggravate things? The best way to handle my mother is to just ignore the weird stuff.

"Joy wants me to tell Lauren about my mother's drinking. I think that would degrade my mother in her granddaughter's eyes—and more than anything, my mother wants to be loved by Lauren.

"But, you know, dealing *(continued)*

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CAN THIS MARRIAGE BE SAVED?

Continued

with my mother isn't the only problem we have. No man on earth could ever accomplish all the things Joy wants. And she gets so angry whenever I have to travel. It's not like I'm going on vacation. If there's an assignment, I have to go. But Joy gets panicky, makes my life hell and refuses to make love. I decided the only way to handle the situation is not to tell her about a trip until the last minute.

"No matter what I do, I can't win. More than anything, I want a normal family life. But everywhere I look, someone is mad at someone else. I don't know what to do anymore."

COUNSELOR'S TURN

"This was a classic example of alcoholism's destructive effects on a family," said the counselor. "Russ and Joy, who grew up taking care of others, came to believe they had no right to assert their own needs. This sense of failure lingered, triggering deep-seated insecurities that later played out in their marriage.

"Children of alcoholics are often afraid of conflict. Joy had trouble expressing herself to her husband, let alone her mother-in-law; Russ couldn't confront his mother or his wife because he was afraid of hurting either of them. What's more, instead of listening, brainstorming and then negotiating solutions to problems in their relationship, Joy clammed up and Russ threw himself into his work.

"Much of our work in therapy was devoted to helping them recognize these patterns. To do that, we drew a family tree of relationships over three generations—which can reveal personality traits as well as individual problem-solving strategies.

"Seeing the family history in black and white, Russ realized that he was still the family caretaker. And although he thought he was mediating between his wife and his mother, he was really only paying lip service to that goal. I pointed out that it was his job—not Joy's—to stand up to Elana, to say, 'We have plans this weekend' or 'You can't speak like that to Joy.' Further, instead of letting his mother ramble on when she calls drunk, he should hang up the phone.

"No matter what he said, Russ was still in deep denial about his mother's alcoholism—classic behavior for someone who lives with an alcoholic. Of course, Russ had witnessed Elana's outrageous behavior his whole life, so her actions weren't unusual to him. Over the course of several sessions, Russ finally admitted that his mother was an alcoholic. 'That doesn't mean she's a horrible person,' I emphasized. 'She has an illness that can be treated.' Elana continues to refuse treatment, but Russ no longer feels he's a bad son because his mother is still drinking. Recently, when his mother announced that she wanted to move in with them, Russ told her unequivocally no.

"Joy, for her part, had to stop being a doormat. She was either meek and apologetic toward Russ or nagging and complaining. A reflective-listening technique (one person talks, the other listens without interrupting and then repeats what the partner has said) enabled Joy to say, 'I need you to be present when your mother is with Lauren' or 'I want you to call if you'll be late getting home.' Russ was able to say, 'We need to work out a schedule so that my mother sees Lauren more often.'

"I suggested that Russ give Joy more notice of a trip, so they can talk about ways to ease her fears. Joy realized that she used to punish Russ for leaving her, and she has worked hard to master her anxieties.

"Russ admitted that he was afraid to talk to Lauren about her grandmother's alcoholism, but he understood how important it was to bring family secrets out into the open. Since he felt less shame about it, he was able to tackle the subject.

"Russ and Joy have made great progress. No longer caught in a tug-of-war between his wife and his mother, Russ has more energy to devote to his wife. Joy knows that to some extent she simply has to learn to live with an intrusive mother-in-law. But with new skills—and the support of her husband—she can do that." ●



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lip service



You may dutifully apply sunscreen to your face and exposed body parts before you venture out in daylight, but unless you pay your lips the same kind of attention, your routine remains incomplete. Lips are a prime spot for sun-related carcinomas because the skin there is thin and lacks melanin. Using lipstick with high SPF is the easy solution, and now taking that route doesn't mean cutting your options. In addition to the sun-safe matte and opaque lipsticks that have been around for a while, now there are sheer stains and glosses with SPF 15: Physicians Formula Gloss Guard SPF 15, $3.95; Avon Moisture 15 Satin Smooth Lipstick SPF 15, $4.75; and Maybelline Lip Indulgence SPF 15, $6.75.

HOW LONG WILL IT LAST?

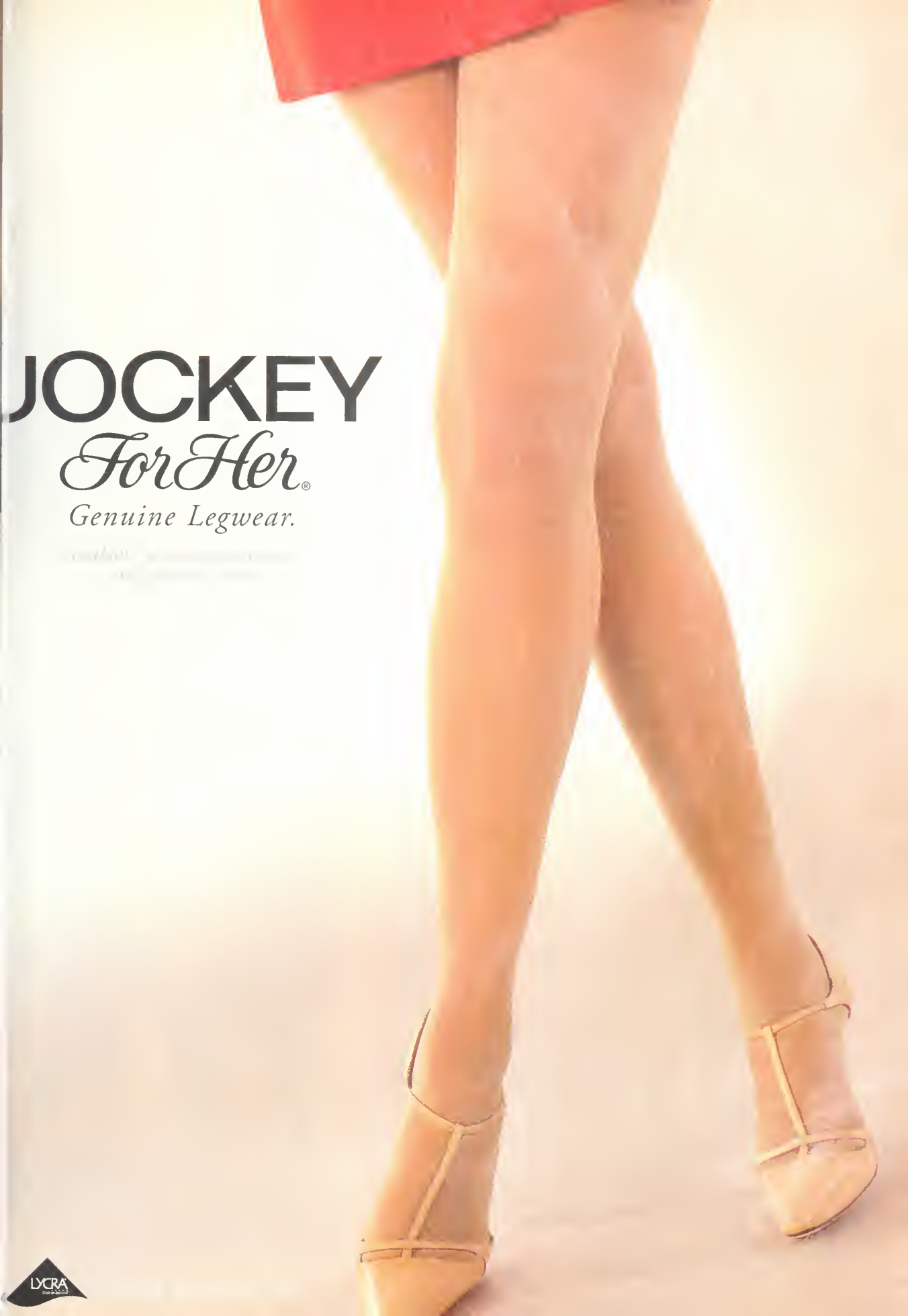
If your bathroom runneth over with hair-care products that have been opened but not used up, join the club—and take comfort in the knowledge that most of them are probably still perfectly safe to style or spray with. Here, a when-to-toss guide:



ITEM	SHELF LIFE AFTER OPENING	TOSS IF
Styling balms	jars, 6 to 12 months; tubes, 1 to 2 years	texture has changed
Styling gels	jars, 6 months; tubes or pump bottles, 3 years	hold, fragrance or texture has changed
Frizz-fighting silicone serums	droppers (not water-based), 1 year; pump, 3 to 5 years	fluid becomes cloudy or has floating particles
Hairspray	aerosol or pump, 3 to 5 years	can has rust, or holding power or aroma has changed
Hot-oil treatments	indefinitely, if single-dose packet is unopened	color or consistency changes significantly
Styling mousse	3 to 5 years	foam becomes watery or has a foul odor

SUN DRESSING

Spend a day on the beach and you may start feeling the burn, despite your best safety efforts. Take the sting as a signal to put on a shirt, but remember, the darker and thicker the fabric, the better. White cotton tees have an SPF of only 5.


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Genuine Legwear.
LYCRA

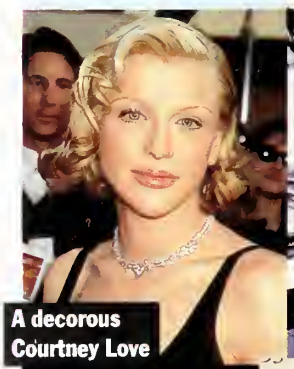


BUY NOW, WEAR LATER

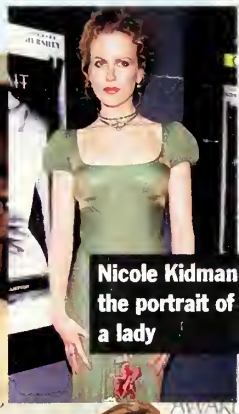
Forward-thinking bargain hunters, take note: Neutral-colored knit jersey pants are the best on-sale item to shop for now if you want something you can wear well into the fall. Paired with a jacket, basic turtleneck or tunic, the pants will be perfectly season-appropriate, say Donna Berg and Heidi Godoff, two New York City fashion experts.

REDEFINING FEMININE

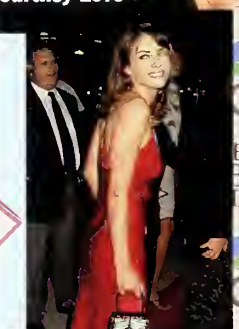
Even notorious bad girls like Courtney Love and Madonna are looking downright ladylike these days—incontrovertible proof that the feminine fashion trend has really sunk in. The difference between today's ladylike styles and the ones you see, say, on Nick at Nite reruns, is still quite dramatic, however. Instead of white gloves and cinched waists, the look is now defined by sensual touches: strappy shoes, delicate jewelry, fluid fabrics.



A decorous Courtney Love



Nicole Kidman the portrait of a lady





Elizabeth Hurley and Madonna looking ladylike with prim tote and long gloves

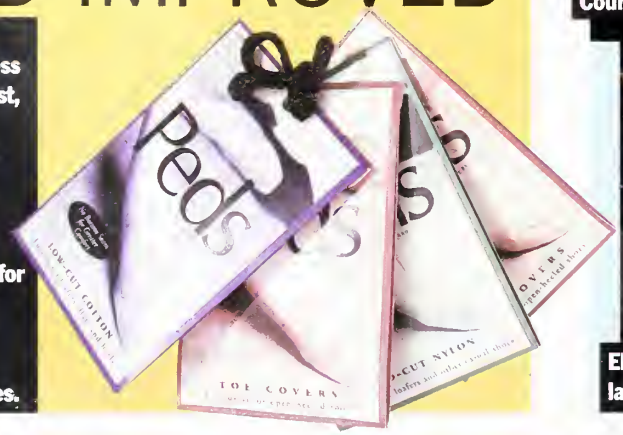
editor's pick



If you hate the "ring-around-the-mouth" sharpness lip pencils give, you must try Estée Lauder's Lip Shaper—its broad-contour gives lips a softer, more realistic definition. Available in eight rosy-brown shades that mimic natural lip tones, the pencil's texture is a long-lasting cream that won't dry your lips—and won't budge, either!

PEDS: NEW AND IMPROVED

These little wonders spared us from countless blisters in summers past, and now hose-hating women everywhere are ecstatic that they're back. Available in updated styles like backless "toe covers" for slingbacks and low-cut styles for '90s loafers and ballerinas. $1 to $3 a pair in chain stores.

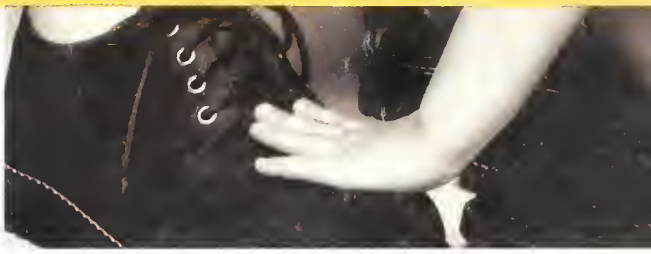






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KINNEY

america's shoe store

COOL IDEAS



What to wear to work when the temperature soars? We asked *Journal* readers to share their hot-weather dressing solutions:

"An A-line dress with an airy crocheted sweater."
—Terri Lee Dowling, 36, social worker, Marquette, Michigan

"A short-sleeved tailored suit jacket in a fresh pastel with neutral-toned pants."
—Marylin Hilt, 40, sales director, Oklahoma City

"A loose-fitting ankle-length dress in a fluid cotton or silk blend."
—Lisa Abramovitz, 33, homemaker, mother of two, Belle Mead, New Jersey

"Flat-front khakis, a cotton mockneck and my loafers."
—Katherine Levey, 45, medical assistant, Westfield, Massachusetts

STYLEWATCH
SLIMMING STRIPES

How to wear the new striped knit sweaters and still look thin? Designer Viviane Bauquet of Erik Stewart offers these tips:



Oversize stripes or wide color blocks can make a thick waist look smaller



Tops with stripes above bosom on an otherwise solid background tend to de-emphasize a full bust



Super-skinny ministripes (less than ¼" wide) look more like a subtle pattern than wide stripes

EXERCISE OF THE MONTH

Battle that fleshy roll at the outer edges of your bra with this move from fitness pro Kathy Smith:

BRA BULGE TONER



Place left knee and hand on the seat of a chair and right foot on the floor. With a two-pound weight in your right hand, extend arm toward floor. Exhale and bring elbow up and back, keeping it close to your body. Inhale and slowly lower. Do two sets of 12 to 15 reps per side.

CONSULT YOUR DOCTOR BEFORE BEGINNING ANY EXERCISE PROGRAM

dear beauty doctor

We asked Susan Rice, D.P.M., an associate professor of surgery at the New York College of Podiatric Medicine, to rate four of the season's most stylish shoes in terms of foot safety and health.



"You could easily sprain your ankle in these—there's no support around the ankle, and the wide slide band does nothing to hold the shoe on the foot. The wooden platform offers no flexibility."



"The best in the group. The rubber sole is flexible, and the wider straps hold the foot securely. The felt metatarsal pad [or "met pad"] on the inner sole helps distribute pressure at the ball of the foot."



"The platform is an asset since it cuts the pitch of the heel, allowing more even distribution of weight. The straps are skinny, but hold the foot well because they're strategically placed."



"With no platform or wedge, and with wider but poorly placed straps, this shoe offers little stability. And the thin sole provides no shock absorption for the ball of the foot."

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It gives her three slowly roasted, extra lean meats that she can mix and match any way, any day. And as Lonni will tell you, that's sure to brighten up any lunch time table. **LOUIS RICH. What'll you make of it?™**







The Grahams (right) are reliving the adventure that Marlene (left photo, far right) took as a teen

A Year On The Road

We left everything behind to travel across America in a van. Crazy? Probably. Worth it? You bet

By Marlene Smith-Graham

"Say hi to Ohio for us!"

"New York!"

"Maryland!"

"California! Alaska!"

State names were practically pelting our van as my family and I pulled through the crowd of well-wishers at Kansas's Lawrence-Dumont Stadium, in Wichita, on July 4, 1996. We were off!

But reality was also setting in, and it was a bit frightening. My husband, Craig, and I had committed ourselves to hit the road for an entire year with our two young children, Courtney and Collier, to explore the U.S. *All* of it. Our home was now a customized van painted with an American flag, and our only address was somewhere in cyberspace: *http://www.usatrip.org/*.



How did this happen?

Actually, the idea of a cross-country excursion wasn't new to me. My mother, Maria, a native of Bogotá, Colombia, came to Virginia as a young woman, met and married my father, Paul, and later became a naturalized citizen. My mom loved her adopted land so much that in 1975, when I was seventeen, she decided we should tour the country for a year so my younger brother, Joe, and I would appreciate it as much as she did.

The next thing we knew, we were seeing a mosaic of America through the windows of our Volkswagen Beetle and working as restaurant help, flower-shop assistants or farm laborers along the way to offset our expenses.

Although I had my doubts at first, this turned out to be the richest experience of my young life. My perspective on my country expanded dramatically from my limited view of the midwest. I would relive the memories time and again over the years, especially of the people we met. In years to come, I found an instant familiarity with people just by talking about their hometowns.

I also got to know my family better, and discovered that four opinionated, strong-willed people could come together to achieve a common goal—and have fun doing it. Now, my husband and children and I were about to share our own year-long, fifty-state experience.

Perhaps the term that most aptly describes our need to depart from the status quo is "middle-class meltdown," brought on by fifteen-hour days as business owners; Craig had his own real-estate firm, and I had been publishing a Wichita monthly newspaper for ten years. We were starting to feel the effects of burnout, combined with a latent wanderlust and a yearning to spend more time with our children.

One day I said jokingly to Craig, "Why don't we just take a year off and travel all fifty states, like my parents did?" The idea, of course, was totally impractical; for starters, we would need to sell the house to afford the trip. And wasn't it just plain crazy for us to risk our careers by jumping off the fast track?

Craig's immediate response: "When do we leave?"

We didn't even have to convince one-year-old Collier that going away would be fun. But Courtney, then nine, was as dubious as I had been as a teen: "What! A whole year?" Still, as our scheme took shape over the next two years, her enthusiasm mounted.

We broke the news to our astonished family members, friends and associates much later. We *(continued)*



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Between us.

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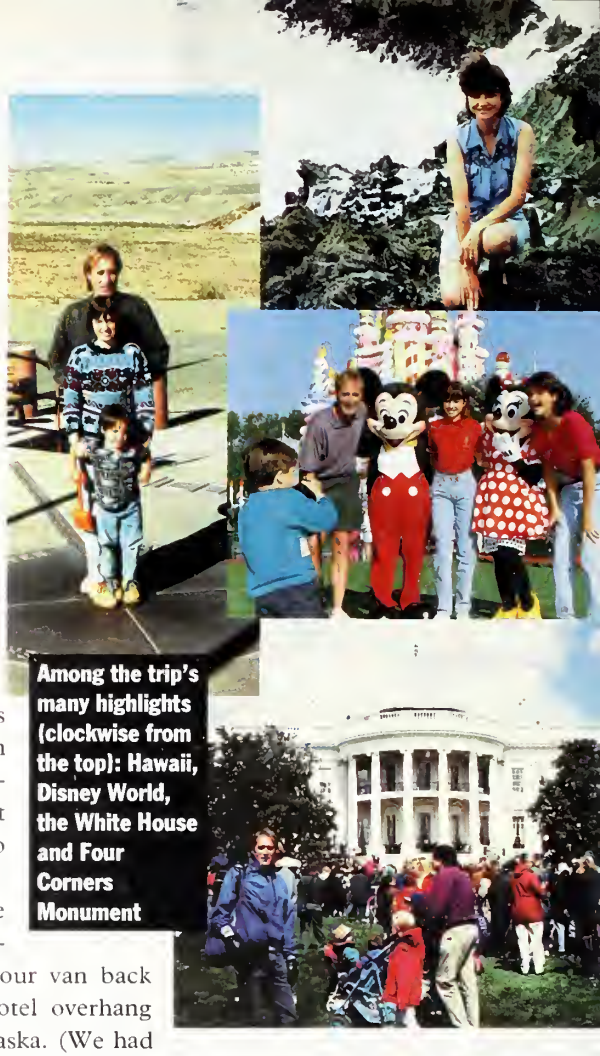
didn't want to give people time to talk us out of it. We sold our house and my paper, put most of our possessions into storage and bought our $19,000 travel vehicle, an extended cargo van. We spent another $11,000 having it customized by installing electric lines, appliances, a table and a sofa bed. We attended homeschooling seminars and arranged a year's curriculum for Courtney.

Our first goal on this journey was to get in and out of Alaska before winter set in. Apart from that, we had no set itinerary.

Four days after we took off, we found ourselves trying to wedge our van back out from beneath a motel overhang in Nebraska City, Nebraska. (We had forgotten that our van's raised roof would pose clearance problems.) Not a very auspicious beginning.

That episode didn't escalate, but many others did, especially in regard to Craig's male habit of never stopping to ask directions (one frustrating day, we circled Omaha three times within an hour), or when the kids or I would get cranky. Fortunately, while arguments easily ignite in the tight confines of a van, they are equally hard to maintain amid so many interesting distractions.

One of them was how big our adventure grew: Apple Computer Inc. loaned us a computer, and Brigadoon.Com Inc., an Internet provider in Washington state, sponsored and maintained a Web site for us, where Courtney and I would keep travel diaries and post our daily route. WAM! America's Kidz Network, a cable network based in Colorado, asked Courtney to report on our trip for them.



Among the trip's many highlights (clockwise from the top): Hawaii, Disney World, the White House and Four Corners Monument

Even before we set off, we were deluged with E-mail. People suggested places to see and things to do. Many tacked on invitations: "By the way, when you're in our area, stop by for dinner." Strangers offered us free hotel rooms, spare bedrooms, floor space, campsites, warm showers, access to washing machines—even their services as personal tour guides.

We were stunned. What happened to all the Americans who were triple-bolting their doors to the outside world of crime? What happened to the cynicism and basic distrust we expected? What a welcome surprise to see that things hadn't changed much in two decades.

We knew from the start that we'd have to live rather frugally, on a travel budget of about $2,000 per month. But our finances were severely stretched by airplane tickets to Hawaii (the one place we couldn't reach by driving) and a ferry ride from Alaska. So our meals *(continued)*

Between us.

"My little bladder problem is no problem. Exercise is helping me strengthen my bladder muscles. And I've found something better than a plain old maxi." *Maureen, 41.*



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NEIL - PPC 1996 PLEASE JUNGLE YOUR DOCTOR ABOUT BLADDER PROBLEMS

were often simple and inexpensive, and we slept in economical hotels, in our van or in the tent we brought. Some of the wonderful people we met also treated us to meals, hotels . . . even opened their homes to us.



One lap of America: the Grahams' route

Among the highlights of the year was seeing more than one hundred national parks and monuments, using a yearlong parks pass. The kids got an unforgettable history lesson at sites such as Williamsburg, Jamestown and Yorktown, Virginia; Fort Sumter, in South Carolina; and the Outer Banks of North Carolina, including Kitty Hawk, where the Wright brothers first flew.

Christmas found us in Oklahoma City exchanging gifts, then visiting the site of the tragic bombing. In Iowa, we saw the covered bridges where *The Bridges of Madison County* was filmed and played on the *Field of Dreams* baseball diamond. We camped in a North Dakota zoo, met governors and movie moguls, toured potato-chip, car and chocolate factories, harvested potatoes in Idaho, served as grand marshals in the Walt Disney World "Remember the Magic" parade and hunted for Easter eggs on the White House lawn. In New York City, we were interviewed on the *Today* show, saw the offices of *Ladies' Home Journal* and took in *The King and I.*

The one bump in the road we encountered was in Philadelphia, where someone broke into our parked van and took a portable TV, a cell phone and some small items. But as soon as word got out, hundreds of people E-mailed us, extending their apologies and hoping we wouldn't judge the city by one bad egg. We didn't; if anything, this only reinforced our belief in the



goodness and decency of Americans.

Each day is a major field trip. Often, we take advantage of special activities to supplement Courtney's lessons. For example, while she was studying *Romeo and Juliet*, we met a man in Orlando, Florida, whose son just happened to be playing the male lead in a community theater production of the play. We sat in on the dress rehearsal.

Nor has roadside education been wasted on Collier. Today, he can recite thirty state capitals (when he's in the mood), name his favorite volcanoes and rattle off the long list of animals he encountered.

Our only real problem has been time—or rather, lack of it. At the outset, our plan was to average a state a week, but that soon went by the wayside as we were tempted to explore all the hiking diversions in the mountain states. In February, we also took a five-week break at my parents' house in Florida.

At this writing, we're headed toward New England, with two months and eleven states to go. As we reach the final phase of our adventure, we have mixed feelings. Of course, it will be exciting to come full circle. And we all look forward to sharing our stories with our friends and families face-to-face.

But we aren't as exhausted as we expected to be at this point, and we all wish we could go on for at least four more months. In order to meet our deadline, we're having to bypass many of the places we'd like to see and people we'd like to know better.

What will it be like to spend day after day in the same town again? And what will we do? The truth is, we're just not sure. We'll need to redesign our careers, rethink our futures and absorb all that we've learned. We might write a book. Our perspective on life is so much broader now; yet at the same time, our ideas of what we need for a happy life are much simpler. All those things in storage? We haven't missed them.

And, yes, we're already entertaining the crazy idea of taking another cross-country trip. This time, we'd like to spend a year living in six separate areas and getting involved in community life.

Our U.S. tour has been as exciting, rewarding and educational as the first one I took. Most of all, we've developed an intense pride for the people who make up our nation—persons of all income levels, races and religions. Our country may not be perfect, but that's precisely what makes the U.S. so interesting.

We've seen the face of America, and she *is* beautiful. ●

If a cross-country odyssey isn't feasible for your family, don't sweat it: There are lots of ways to enjoy the great outdoors together this summer that are closer to home. The National Recreation and Park Association (NRPA) is a private, nonprofit organization devoted to making everyone aware of the resources available in parks nationwide. The NRPA also publishes a quarterly newsmagazine, "Friends of Parks and Recreation," that focuses on people who are helping to preserve and rebuild our parks. If you'd like more information, write the NRPA at 2775 S. Quincy Street, Suite 300, Arlington, VA 22206. To receive a subscription to the magazine, send a donation of $15 or more to NRPA Friends of Parks and Recreation.





SHOULD YOU TAKE HORMONES?

For years, women and their doctors have debated the merits of hormone replacement therapy (HRT) after menopause. Now, researchers at the New England Medical Center and Tufts University School of Medicine, both in Boston, have developed a computer-generated model to help women weigh the pros and cons of HRT by examining their risks of developing heart disease, breast cancer and other diseases. The researchers found that HRT increases the life expectancy of most postmenopausal women by as much as three years or more—except those at very high risk for breast cancer and low risk for coronary disease. But by using the model, doctors can help a woman evaluate her own specific risk factors such as age, smoking and family history. —Al Hinman, *Your Health*

Quote Of The Month

"I don't make bottle tops. I make people laugh. So I decided to go to work. And cathartic? Oh, my God, yes. I could escape in my stories." —*Bill Cosby, on performing live shortly after the death of his son, Ennis, on Larry King Live*

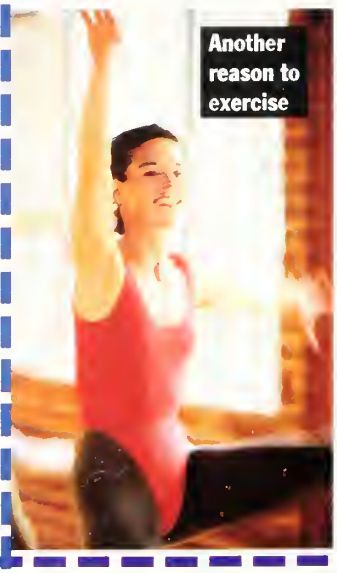
The Money Mistake Most People Make

More than 55 million Americans own U.S. savings bonds but are often misinformed about when to cash them in. For example, although savings bonds may look alike, their maturities and interest rates vary greatly according to their series and date of purchase, says Daniel Pederson, a former Federal Reserve employee and author of *U.S. Savings Bonds: A Comprehensive Guide* (TSBI, 1997). Some key points to remember:

First, make sure to cash in bonds that have reached their final maturity. Americans now hold more than $4 billion in savings bonds that have stopped earning interest. "Any bond that is over forty years old has stopped earning interest," says Pederson. But be selective about cashing in bonds that have not reached maturity, he adds. Finally, almost all bonds increase in value twice a year. Contact any Federal Reserve bank to find out when your bonds are worth the most—or risk forfeiting up to six months of interest. —Katharine Barrett, *Your Money*

Preventing Colon Cancer

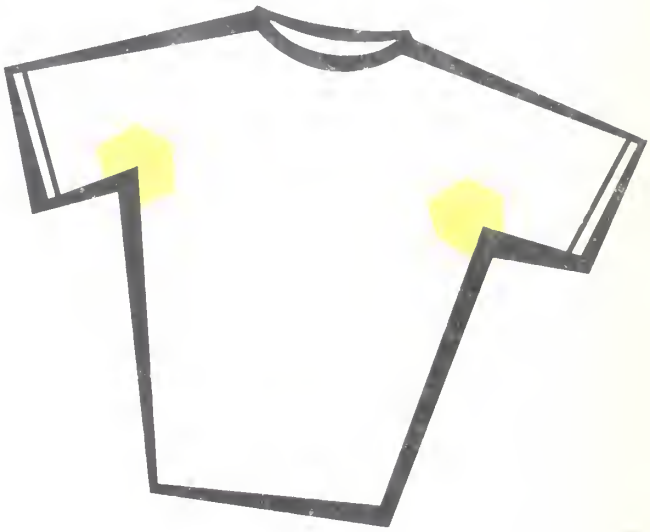
Now there's another reason to get off the couch and get moving: Recent findings from a long-term study of more than 100,000 women show that those who exercise have much less risk for colon cancer. Researchers at Harvard University compared middle-aged women with different activity levels; they discovered that those who exercised for an hour a day had a 50 percent lower risk of colon cancer than sedentary women. Even walking just half an hour a day can significantly reduce colon-cancer risk, the researchers say. —Jeff Levine, *Your Health*



Watch CNN's Larry King Live for intriguing interviews with newsmakers and celebrities (weeknights, 9 P.M., E.T.) and Your Money for personal finance (Saturdays, 2:30 P.M., E.T.).



T-SHIRT.



DUST RAG.

There is a solution: Ban Roll-On. It doesn't leave yellow stains.

That's because, unlike some other anti-perspirants, Ban doesn't contain oils that can contribute to staining white cotton. And Ban Roll-On helps prevent the perspiration that can also cause yellowing. All this, with the effective, all-day odor and wetness protection that you've come to expect from Ban products. No wonder we're the leading roll-on. Besides, who needs another dust rag?



Ban Roll-On. Protection for you *and* your clothes.

When mild flulike symptoms landed Mary Heersink's eleven-year-old son in intensive care for six weeks, she demanded to know why.
By Nicols Fox



The Case Of The Deadly Hamburger

On a springlike Saturday afternoon in February 1992, Mary Heersink, the wife of an Alabama physician and mother of four, started the seven-hour car trip to Tampa, Florida. With her were her two older sons, Damion, eleven, who was looking forward to a week at space camp; and Sebastian, ten, who was booked at a tennis camp. The two younger children—Bayne, nine, and Mila, seven, were at home with the baby-sitter. Marnix, Mary's husband, was in Birmingham, preparing for the Florida medical boards.

Damion, who'd gone camping with the Boy Scouts the previous weekend, didn't seem quite himself. He'd missed his soccer game that morning because he'd had diarrhea, and he was still pale and quiet. Probably a touch of flu, thought Mary. On the road, Damion began to seem groggy and disoriented, so they stopped at a hotel. When Mary asked him the next morning whether the diarrhea was any worse, he said, "Well, it's a little worse since it turned red." Mary knew he needed medical attention.

They made it to Tampa, and after checking Sebastian into tennis camp, Mary drove Damion to the emergency room at University Community Hospital, still certain this was just a vicious case of flu and the hospital would have something to relieve Damion's symptoms.

It didn't work out that way.

The ER was crowded that day, and, Damion's problem—acute diarrhea—just didn't seem all that urgent. It was six hours before they saw a doctor, and another four hours before Mary was told Damion was being admitted to the hospital.

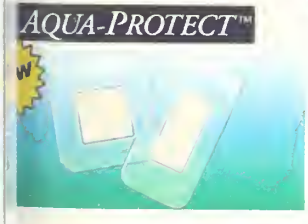
The next morning, Damion was passing what looked to Mary like pure clotted blood. The doctor on duty told Mary that her son had a case of colitis. Her nonchalance made Mary frantic, and she finally insisted the doctor come into Damion's bathroom. "I'm not talking about just a *little* blood," she said, pointing to the toilet. Another doctor soon appeared, examined Damion and the lab results, and wrote three words on a napkin, *hemolytic uremic syndrome* [HUS], then insisted the child be transferred to St. Joseph's Hospital. Mary had never heard of this disease; neither had her husband, as it turned out.

The next morning, at St. Joseph's, the doctors took Mary aside and told her, as gently as they could, what to expect: The disease would create anarchy in Damion's body for five or six weeks—attacking and trying to destroy the vital organs. Mortality rates for children with HUS are 5 to 10 percent, but in complicated cases like Damion's, nine out of ten victims die, and 74 percent *(continued on page 42)*



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Continued from page 36

are left with a major physical impairment, such as diabetes, blindness or intestinal or kidney damage.

Stunned and weeping, Mary left the room to relay all this to her husband. Skipping the Florida boards, Marnix arrived Tuesday afternoon. Damion was awaiting surgery to insert a catheter for kidney dialysis. His platelet count (platelets allow blood to clot) had dropped to 95,000—normal is 150,000 to 400,000. Below 40,000, there is a risk of hemorrhage.



Mary and Marnix Heersink before Damion's illness, with (from left) Mila, Damion, Sebastian and Bayne

Marnix remembered that an old friend from medical school, John Kelton, now specialized in blood diseases. Marnix phoned Kelton's office and explained the situation to his nurse. But Kelton was on a two-week vacation; discouraged, Marnix didn't even leave a phone number.

But when Kelton called in for messages and heard the Heersinks' story, he tracked Marnix down. HUS was Kelton's specialty. He signed onto the medical team from his hotel via phone and fax machine.

Kelton recommended aggressive treatment: Damion needed plasmapheresis, or plasma exchange—a technique employed in France and Canada with good results, but expensive and considered experimental in the U.S. Still, with Damion's platelet count down to 14,000, the doctors didn't have many options.

Kelton was confident these treatments—Damion was to undergo eleven of them—would halt the progress of the disease, but he warned the Heersinks that Damion was by no means out of danger. Indeed, the next day an echocardiogram showed that Damion's heart was very enlarged. Doctors scheduled a pericardial tap—a procedure in which a needle is inserted just inside the sac enclosing the heart—to drain off the fluid.

It was now Saturday. Reluctantly, Mary and Marnix called Bayne and Mila to explain that Damion was very sick and they couldn't come home. Sebastian, his week at tennis camp over, took his first solo flight.

A routine call from Kelton gave the Heersinks their first clue about the cause of their son's disease. "When did he eat the hamburger?" asked Kelton. Mary was puzzled. Being very health-conscious, she rarely cooked meat. About the same time, Mary's brother-in-law, also a doctor, started sending articles from medical journals, and there, too, HUS was associated with a bacterium called *E. coli 0157:H7*, found in undercooked hamburger.

Damion's condition continued to seesaw. When he came out of anesthesia after a third pericardial tap, he seemed much more alert. "I know what made me sick, Dad," he confided. On the Boy Scout camping trip, he said, a piece of raw ground meat stayed on the platter while the burgers were cooking. By the time the burgers were returned to the platter, exposure to the air left the piece looking like cooked meat. As soon as Damion popped it into his mouth, he realized his mistake, but he didn't want to look foolish in front of his friends, so he swallowed it. Kelton confirmed that this was no doubt the source of Damion's illness.

When the sac again filled with fluid, doctors decided to cut through the sternum to make a window in the pericardium to release the fluid. Finding the pericardium in shreds, they had to strip it off altogether. Doctors told Mary and Marnix that Damion had every chance of having a normal life without a pericardium. They didn't have to add the contingency: if he survived.

Damion did survive the surgery, but days later, when he had his first sip of fluid by mouth, he screamed in agony and grabbed the plunger on his pain pump—he hadn't touched it in his entire stay—taking the maximum amount of morphine available. Marnix examined him, then stroked his son's hair until the medication took effect. Turning to Mary, Marnix said gravely, "He's blown a hole in his intestine."

Mary was incredulous. "Impossible!" she said. "It's just cramps." None of the hospital staff believed it, either. But with a parent's intuition, Marnix persevered, and that night, the surgeon agreed with his diagnosis and ordered immediate surgery. But within days, an abscess had formed in Damion's abdominal cavity, and he was back in surgery.

When Damion was finally able to sit up, Mary and Marnix were shocked by his ravaged body—he had lost twenty-five pounds, and he looked skeletal. Still, they knew he was one of the lucky ones. Miraculously, he had no major impairments. He had to relearn how to process food, and he had to build muscle tissue to even be able to stand, but on April 11, his twelfth birthday, after seven weeks in the hospital, he was discharged.

"Then we spent a year putting him back together," says Mary. There were weeks of pain, unexplained fevers, terrible abdominal cramps and endless medical tests. But he was on the mend, and whenever she could spare a few minutes, Mary researched this disease. She learned that it was associated with bovine fecal contamination—but how was it possible, she wondered, that the inspection process allowed diseased meat to be sold?

Then, one day in early 1993, Marnix came home with *(continued)*

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CONTRAINDICATIONS ZYRTEC is contraindicated in those patients with a known hypersensitivity to it or any of its ingredients or hydroxyzine **PRECAUTIONS** Activities Requiring Mental Alertness In clinical trials, the occurrence of somnolence has been reported in some patients taking ZYRTEC due caution should therefore be exercised when driving a car or operating potentially dangerous machinery Concurrent use of ZYRTEC with alcohol or other CNS depressants should be avoided because additional reductions in alertness and additional impairment of CNS performance may occur **Drug-drug Interactions**: No clinically significant drug interactions have been found with theophylline at a low dose, azithromycin, pseudoephedrine, ketoconazole, or erythromycin There was a small decrease in the clearance of cetirizine caused by a 400 mg dose of theophylline It is possible that larger theophylline doses could have a greater effect **Carcinogenesis, Mutagenesis and Impairment of Fertility**: No evidence of carcinogenicity was observed in a 2-year carcinogenicity study in rats at dietary doses up to 20 mg/kg/day (approximately 10 times the maximum recommended human daily oral dose on a mg/m² basis) An increased incidence of benign liver tumors was found in a 2-year carcinogenicity study in male mice at a dietary dose of 16 mg/kg/day (approximately 4 times the maximum recommended human daily oral dose on a mg/m² basis) The clinical significance of these findings during long-term use of ZYRTEC is not known. Cetirizine was not mutagenic in the Ames test, and not clastogenic in the human lymphocyte assay, the mouse lymphoma assay, and *in vivo* micronucleus test in rats No impairment of fertility was found in a fertility and general reproductive performance study in mice at an oral dose of 64 mg/kg/day (approximately 26 times the maximum recommended adult human daily oral dose on a mg/m² basis) **Pregnancy Category B**: Cetirizine was not teratogenic in mice, rats and rabbits at oral doses up to 96, 225, and 135 mg/kg/day (or approximately 40, 180, and 215 times the maximum recommended adult human daily oral dose on a mg/m² basis), respectively There are no adequate and well-controlled studies in pregnant women Because animal studies are not always predictive of human response, ZYRTEC should be used in pregnancy only if clearly needed **Nursing Mothers:** Retarded pup weight gain was found in mice during lactation when dams were given cetirizine at 96 mg/kg/day (approximately 40 times the maximum recommended adult human daily oral dose on a mg/m² basis) Studies in beagle dogs indicate that approximately 3% of the dose is excreted in milk Cetirizine has been reported to be excreted in human breast milk Because many drugs are excreted in human milk use of ZYRTEC in nursing mothers is not recommended **Geriatric Use:** In placebo-controlled trials, 186 patients aged 65 to 94 years received doses of 5 to 20 mg of ZYRTEC per day Adverse events were similar in this group to patients under age 65 Subset analysis of efficacy in this group was not done **Pediatric Use:** The safety of ZYRTEC, at daily doses of 5 or 10 mg, has been demonstrated in 376 pediatric patients 6-11 years of age in placebo-controlled trials lasting up to four weeks and in 254 patients in a non-placebo-controlled 12 week trial The effectiveness of ZYRTEC for the treatment of seasonal and perennial allergic rhinitis and chronic idiopathic urticaria in this pediatric age group is based on an extrapolation of the demonstrated efficacy of ZYRTEC in adults in these conditions and the likelihood that the disease course, pathophysiology and the drugs effect are substantially similar between these two populations The recommended doses for the pediatric population are based on a cross-study comparison of the pharmacokinetics and pharmacodynamics of cetirizine in adults and pediatric subjects and on the safety profile of cetirizine in both adults and pediatric patients at doses equal to or higher than the recommended doses The cetirizine AUC and Cmax in pediatric subjects 6-11 years of age who received a single dose of 10 mg of cetirizine syrup was estimated to be intermediate between that observed in adults who received a single dose of 10 mg of cetirizine tablets and those who received a single dose of 20 mg of cetirizine tablets **ADVERSE REACTIONS** Controlled and uncontrolled clinical trials conducted in the United States and Canada included more than 6000 patients aged 12 years and older, with more than 3900 receiving ZYRTEC at doses of 5 to 20 mg per day The duration of treatment ranged from 1 week to 6 months, with a mean exposure of 30 days Most adverse reactions reported during therapy with ZYRTEC were mild or moderate In placebo-controlled trials, the incidence of discontinuations due to adverse reactions in patients receiving ZYRTEC 5 mg or 10 mg was not significantly different from placebo (2 9% vs 2 4% respectively) The most common adverse reaction in patients aged 12 years and older that occurred more frequently on ZYRTEC than placebo was somnolence The incidence of somnolence associated with ZYRTEC was dose related, 6% in placebo, 11% at 5 mg and 14% at 10 mg Discontinuations due to somnolence for ZYRTEC were uncommon (1 0% on ZYRTEC vs 0 6% on placebo) Fatigue and dry mouth also appeared to be treatment-related adverse reactions There were no differences by age, race, gender or by body weight with regard to the incidence of adverse reactions Table 1 lists adverse experiences in patients aged 12 years and older which were reported for ZYRTEC 5 and 10 mg in controlled clinical trials in the United States and that were more common with ZYRTEC than placebo **Table 1. Adverse Experiences Reported in Patients aged 12 years and older in Placebo-Controlled United States ZYRTEC Trials (Maximum Dose of 10 mg) at Rates of 2% or Greater (Percent Incidence), ZYRTEC (N=2034) vs Placebo (N=1612) respectively:** Somnolence (13 7% vs 6 3%), Fatigue (5 9% vs 2 6%), Dry Mouth (5 0% vs 2 3%), Pharyngitis (2 0% vs 1 9%), Dizziness (2 0% vs 1 2%) In addition, headache and nausea occurred in more than 2% of the patients, but were more common in placebo patients Pediatric studies were also conducted with ZYRTEC More than 1300 pediatric patients (6 to 11 years) with more than 900 treated with ZYRTEC at doses of 1 25 to 10 mg per day were included in controlled and uncontrolled clinical trials conducted in the United States The duration of treatment ranged from 2 to 12 weeks The majority of reported adverse reactions reported in pediatric patients (6 to 11 years) with ZYRTEC were mild or moderate In placebo-controlled trials, the incidence of discontinuations due to adverse reactions in pediatric patients receiving up to ZYRTEC 10 mg was uncommon (0 4% on ZYRTEC vs 1 0% on placebo) Table 2 lists adverse experiences which were reported for ZYRTEC 5 and 10 mg in pediatric patients (6 to 11 years) in placebo-controlled clinical trials in the United States and were more common with ZYRTEC than placebo Of these, abdominal pain was considered treatment-related and somnolence appeared to be dose related 1 3% in placebo, 1 9% at 5 mg and 4 2% at 10 mg **Table 2. Adverse Experiences Reported in Pediatric Patients (6 to 11 years) in Placebo-Controlled United States ZYRTEC Trials (5 or 10 mg dose) Which Occurred at a Frequency of ≥ 2% in Either the 5 mg or the 10 mg ZYRTEC Group, and More Frequently Than in the Placebo Group. ZYRTEC 5 mg (N=161), 10 mg (N=215) vs Placebo (N=309):** Headache (11 0%, 5 mg, 14 0%, 10 mg, 12 3%, placebo), Pharyngitis (6 2%, 5 mg, 2 8%, 10 mg, 2 9%, placebo), Abdominal pain (4 4%, 5 mg, 5 6%, 10 mg, 1 9%, placebo), Coughing (4 4%, 5 mg, 2 8%, 10 mg, 3 9%, placebo), Somnolence (1 9%, 5 mg, 4 2%, 10 mg, 1 3%, placebo), Diarrhea (3 1% 5 mg, 1 9%, 10 mg, 1 3%, placebo), Epistaxis (3 7%, 5 mg, 1 9%, 10 mg, 2 9%, placebo), Bronchospasm (3 1%, 5 mg, 1 9%, 10 mg, 1 9%, placebo), Nausea (1 9%, 5 mg, 2 8%, 10 mg, 1 9% placebo), Vomiting (2 5%, 5 mg, 2 3%, 10 mg, 1 0%, placebo) The following events were observed infrequently (less than 2%), in either 3982 adults and children 12 years and older or in 659 pediatric (6 to 11 years) patients who received ZYRTEC in U S trials, including an open adult study of six months duration, a causal relationship with ZYRTEC administration has not been established **Autonomic Nervous System**: anorexia, urinary retention, flushing, increased salivation, dry mouth **Cardiovascular:** palpitation, tachycardia, hypertension, cardiac failure **Central and Peripheral Nervous Systems**: paresthesia, confusion, hyperkinesia, hypertonia, migraine, tremor, vertigo, leg cramps, ataxia, dysphonia abnormal coordination, hyperesthesia, hypoesthesia, myelitis, paralysis, ptosis, twitching, visual field defect, syncope, dizziness **Gastrointestinal:** increased appetite, dyspepsia, abdominal pain, diarrhea, flatulence constipation, vomiting, ulcerative stomatitis aggravated tooth caries, stomatitis, tongue discoloration, tongue edema, gastritis rectal hemorrhage, hemorrhoids, melena, abnormal hepatic function, eructation **Genitourinary**: polyuria, urinary tract infection, cystitis, dysuria, hematuria, micturition frequency, urinary incontinence **Hearing and Vestibular**: earache, tinnitus, deafness, ototoxicity **Metabolic/Nutritional:** thirst, dehydration, diabetes mellitus **Musculoskeletal:** myalgia, arthralgia, arthrosis, arthritis, muscle weakness **Psychiatric:** insomnia, sleep disorder, nervousness, depression, emotional lability, impaired concentration, anxiety depersonalization, paronina, abnormal thinking, agitation, amnesia, decreased libido, euphoria **Respiratory System**: epistaxis, rhinitis, coughing, bronchospasm, dyspnea, upper respiratory tract infection, hyperventilation, sinusitis, increased sputum, bronchitis, pneumonia, respiratory disorder **Reproductive**: dysmenorrhea, female breast pain, intermenstrual bleeding, leukorrhea, menorrhagia, vaginitis **Reticuloendothelial**: lymphadenopathy **Skin**: pruritus, rash, dry skin, urticaria, acne, dermatitis, erythematous rash, increased sweating, alopecia, angioedema, furunculosis, bullous eruption, eczema, hyperkeratosis, hypertrichosis, photosensitivity reaction, photosensitivity toxic reaction, maculopapular rash, seborrhea, purpura, skin disorder, skin nodule **Special Senses:** taste perversion, taste loss, parosmia **Vision**: blindness, loss of accommodation, eye pain conjunctivitis, xerophthalmia, glaucoma, ocular hemorrhage **Body as a Whole:** increased weight, back pain, malaise, fever, asthenia, generalized edema, periorbital edema, peripheral edema, rigors leg edema, face edema, hot flashes, enlarged abdomen, nasal polyp pain, pallor, chest pain, accidental injury Occasional instances of transient reversible hepatic transaminase elevations have occurred during cetirizine therapy A single case of possible drug-induced hepatitis with significant transaminase elevation (500 to 1000 IU/L) and elevated bilirubin has been reported In foreign marketing experience the following additional rare, but potential severe adverse events have been reported hemolytic anemia, thrombocytopenia orofacial dyskinesia, severe hypotension, anaphylaxis, hepatitis, glomerulonephritis stillbirth, and cholestasis **DRUG ABUSE AND DEPENDENCE** There is no information to indicate that abuse or dependency occurs with ZYRTEC **OVERDOSAGE** Overdosage has been reported with ZYRTEC In one adult patient who took 150 mg of ZYRTEC, the patient was somnolent but did not display any other clinical signs or abnormal blood chemistry or hematology results In an 18-month-old pediatric patient who took an overdose of ZYRTEC (approximately 180 mg), restlessness and irritability were observed initially, this was followed by drowsiness Should overdose occur, treatment should be symptomatic or supportive, taking into account any concomitantly ingested medications There is no known specific antidote to ZYRTEC ZYRTEC is not effectively removed by dialysis, and dialysis will be ineffective unless a dialyzable agent has been concomitantly ingested The acute minimal lethal oral doses in mice and rats were 237 and 562 mg/kg respectively (approximately 55 and 265 times the maximum recommended human daily oral dose on a mg/m² basis) In rodents the target of acute toxicity was the central nervous system and the target of multiple-dose toxicity was the liver **DOSAGE AND ADMINISTRATION Adults and Children 12 years and older**: The recommended initial dose of ZYRTEC is 5 or 10 mg per day in adults and children 12 years and older, depending on symptom severity Most patients in clinical trials started at 10 mg ZYRTEC is given as a single daily dose, with or without food The time of administration may be varied to suit individual patient needs In patients with decreased renal function (creatinine clearance 11-31 mL/min), patients on hemodialysis (creatinine clearance less than 7 mL/min) and in hepatically impaired patients, a dose of 5 mg once daily is recommended **Children 6 to 11 years**: The recommended initial dose of ZYRTEC in children aged 6 to 11 years is 5 or 10 mg (1 or 2 teaspoons) once daily depending on symptom severity The time of administration may be varied to suit individual patient needs Cetirizine is licensed from UCB Pharma, Inc

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DEADLY HAMBURGER

Continued

a copy of *USA Today* tucked under his arm. Together they read about the Jack-in-the-Box outbreak, in which 732 people were infected, fifty-five contracted HUS and four died. There they also found what all of America should have learned a decade earlier.

It started back in 1982, with reports from in and around Medford, Oregon, concerning a disease characterized by bloody diarrhea and fierce cramping. Fever—the usual signal of infection—was oddly not present. Joining local public-health officers, the CDC mounted an investigation. The one invariable factor was that the victims had eaten hamburgers. By the end of March, the team had isolated *E. coli 0157:H7*, which was strongly associated with undercooked meat. Matters would have rested there had the Medford scenario not replayed itself three months later, in Traverse City, Michigan. *E. coli 0157:H7* was again isolated—this time both in patients and in samples of the meat.

The public remained virtually unwarned of this new pathogen until the infamous Jack-in-the-Box outbreak, which finally galvanized the press, the public, the industry and the regulatory agencies.

In the news stories that followed, doctors said that there was neither treatment nor cure for HUS, and the

Curbing Food-Borne Illness

Until safety becomes a top priority for food producers, the best defense is a clean kitchen. Assume that food may be contaminated and follow these rules.

- **Temperature is the best indication of safely cooked meat (the presence of steam is the only other test). Beef should be cooked to an interior temperature of 160°F.; pork to 170°F.; and poultry to 180°F.**
- **Steak or roast beef that has not been pierced, poked or skewered before cooking can, with relative safety, be eaten less well done. But ask first whether your store uses a tenderizing device that pierces the meat.**
- **Refrigerate cooked foods immediately, which will keep them safe for a few days. When reheating food, bring it back to the correct temperature throughout.**
- **Wash hands thoroughly with warm, soapy water before and during the preparation and serving of food.**
- **Have two cutting boards, one for meats and one for vegetables, to prevent cross-contamination. Disinfect after any contact with raw meat or poultry.**
- **Wash countertops, cutting boards and knives with a soap labeled "disinfectant" or a solution of one teaspoon liquid chlorine bleach to one quart of water.**
- **Place meat packages in the sink while opening, so potentially contaminated juices go down the drain.**
- **Don't touch drawer knobs, pulls or light switches while preparing food.**
- **Replace sponges frequently; better yet, use paper towels.**
- **If you're grilling, don't put cooked meat back on the platter you used for raw meat. Likewise, use different utensils for raw and cooked meat.**
- **Do not save leftover marinating liquids for re-use.**

SDA later described it as a urinary act infection. It became Mary's mis-on to get information on plasma-heresis—the treatment that saved amion's life—to parents of victims. he sent overnight packages to every mily she could find and began fly-g out to speak to groups of them.

Even now, no one knows exactly ow prevalent *E. coli* poisoning is, ut the CDC estimates 20,000 cases er year, with perhaps 500 deaths, any of them children. Communi-ting by phone, fax and mail, the arents' support group slowly ex-nded their purpose to include ac-vism. In June 1993, Safe Tables ur Priority (STOP) was born. ary, Damion and fourteen other milies met with journalists, inspec-rs and a former official from the SDA. From that moment on, the oup demanded answers.

Part of the problem was that the SDA had a dual mandate to pro-ote agricultural products and inspect eat for safety—an impossible con-ct. In fact, the department in charge of meat inspection was actually called the Marketing and Inspection Service. One study found that some 3 percent of the cattle sampled were infected with *0157*, harbored in the intestines; during slaughter, the meat is susceptible to contamination. With mass production of hamburger, however, one infected cow could contaminate sixteen tons of ground meat.

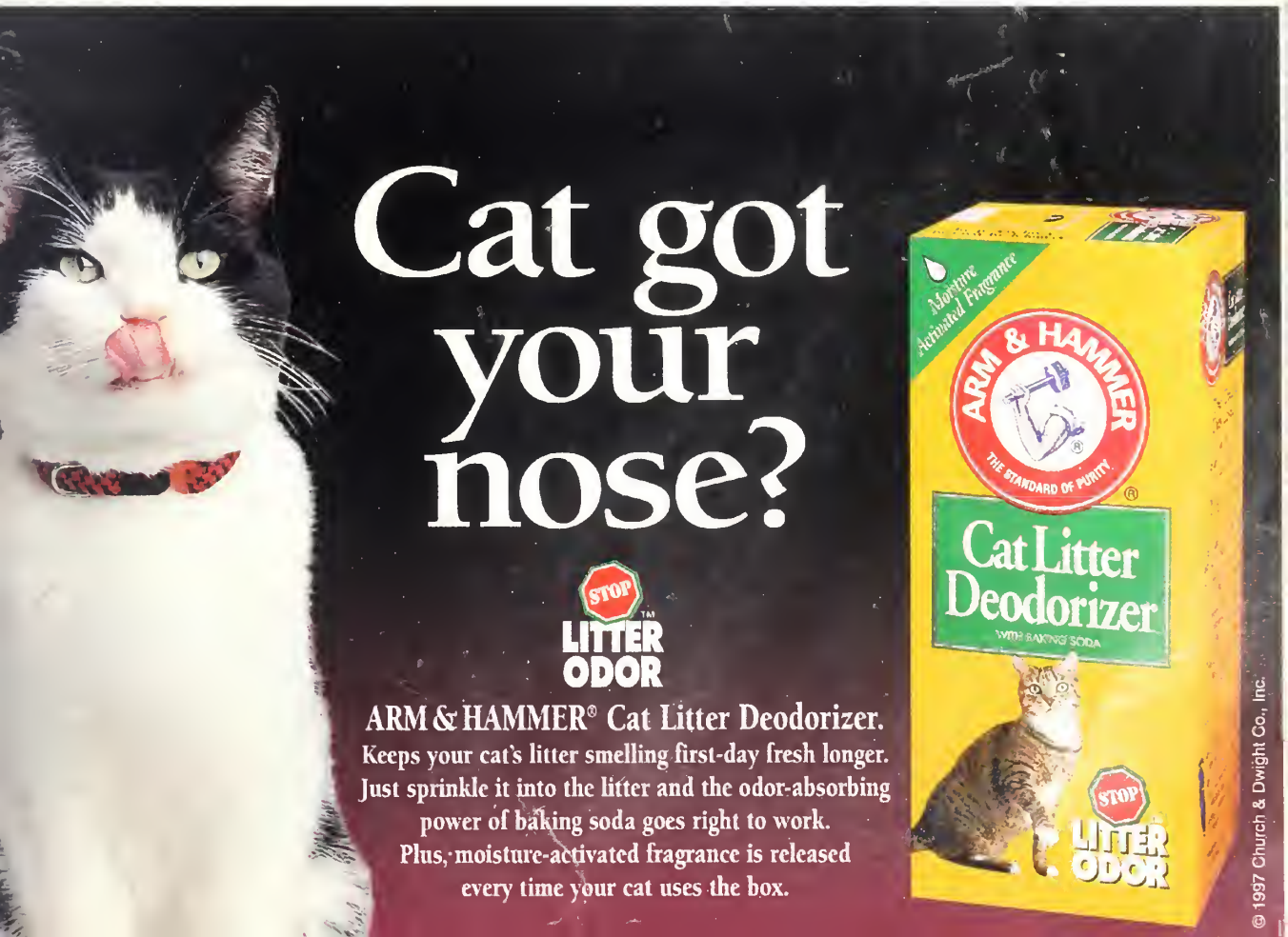
By 1996, STOP, in conjunction with other consumer groups, had pushed forward legislation to modify the poke-and-sniff test for meat. The updated rules require microbial sampling, which helps to reveal harmful bacteria. Furthermore, *0157* was reclassified as an adulterant, so that meat found by sampling to contain this strain of *E. coli* cannot be sold. (The presence of other types of *E. coli*, in itself evidence of fecal contamination, is not yet grounds for recall.)

STOP now has a mailing list of some 10,000. Of her activities, Mary says modestly, "I'm the most unlikely of activists, but I just couldn't put Damion's ordeal behind me." She is currently working on legislation to put meat inspection under the auspices of an independent public-health agency. "My work isn't finished yet," she says. "Not until the food on our tables is safe." ●



Just how safe is the food we eat? Spoiled: The Dangerous Truth About a Food Chain Gone Haywire contains all you need to know about the new microbes contaminating our food. Available through an arrangement with HarperCollins, this 448-page hardcover book features dozens of compelling case histories, as well as scientific information on protecting your family. The price of $32 includes shipping, handling and applicable sales tax.

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ask Mary Emmerling



Q I hate to toss away flowers I pick during the summer. What's the best way to dry them before they wilt?

A Once the flowers begin to bloom (when the bud is open, but not fully), remove them from water and tie together with a string or piece of raffia. Hang the bouquet upside down so gravity helps the petals dry in an upright position. A light spritz of hairspray after blooms have dried will preserve the color for six months. To maintain, keep out of direct sunlight and feather dust or gently wipe with a damp sponge.

Trendwatch

AU NATUREL

Rough-textured natural-fiber area rugs imported from Asia and Mexico have recently become the floor covering of choice. Why the sudden popularity? They look as exotic as Oriental rugs, but usually cost less, says Carol Glasser, an interior designer in Houston. They're also versatile. "The rugs can dress down formal furniture or dress up casual settings," she says. First, decide on the type. Coir (coconut husk)



and sisal (cactus pulp) fibers are the most durable; jute (tree mulch) and sea grass (beach grass) are more delicate—and rarer—finds. All come in earth tones, and most can be dyed to match your room's color scheme.

—Aimee Kendall

Prettiest Town Contest

Before the advent of subdivisions and strip malls, America was a land of small towns. We believe in many ways it still is, suburban sprawl notwithstanding. Does your community have beauty and character? A certain charm? Then you may live in the Prettiest Small Town in America—and we'd like to know about it!

To enter, send in photos (and a video, if possible) and a 250-word essay describing your town (population 25,000 or under) and why you believe it deserves recognition as America's prettiest. Entries must be postmarked by August 15, 1997.

We will award one $10,000 Grand Prize to a civic organization designated by the winning entrant (prize money must be spent on community improvement). There will also be three runners-up. Winning towns will be chosen by a distinguished panel of judges, including architects and historians. See page 158 for an entry coupon and official contest rules and instructions.

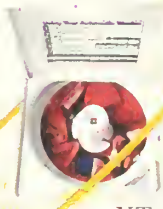


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The LAST to know

Marriage and family were everything to Molly Redwine. Then someone saw her husband with another woman. From the new novel by best-selling author Anne Rivers Siddons



I always thought it was grossly unfair that Tee got all the fun and I got dermatitis of the posterior, but there you are. I had been having fierce itching and red welts off and on since Christmas, but at first I put it down to the savage new panty girdle that enabled me to get into my white beaded-silk pantsuit. Later, when the itching did not go away, I switched bath soap and body lotion, and still later had the air-conditioning unit cleaned. I continued to catch myself absently scratching in public. Teddy, my eighteen-year-old son, was mortified, and Tee would have teased me unmercifully, but he was not around much that winter and spring. Coca-Cola was bringing out two new youth-oriented soft drinks, which meant near-constant travel for Tee to the designated markets across the country.

After spending yet another hot May night clawing my skin, I called to make an appointment with Charlie Davies, sounding so distressed that he worked me in at lunchtime the next day.

"Well, you just drop your britches and lay down here and let's see what we got," he roared, and I did. Charlie and Tee had been roommates at the University of Georgia, and I had known Tee only weeks longer than I had Charlie.

Charlie pulled back the gown and gave a long, low whistle. "You look like you been diddlin' in the briar patch." Despite his redneck patter, Charlie is a very good doctor. Atlanta is full of crisp, no-nonsense out-of-towners who would draw the line at being told to get nekkid and lay on down, unless the one saying it was supremely good at what he did.

"How bad does it look?" I said.

"Honey, how bad can your sweet bottom look? Though I'd say you've got some kind of contact dermatitis," he said, poking and prodding. "I'm going to give you a little cortisone by injection and some ointment. I don't imagine Tee is thrilled by the state of your behind, is he?"

"I don't think he's even noticed," I said. "He's been out of town so much that we just wave in passing."

"Gon' sting a little bit," Charlie said, and I felt the cool prick of a needle. "I thought he *(continued)*

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LOSE WEIGHT AND FEEL GREAT





Lost 39 lbs.

"I was getting married. I didn't want to be a fat bride. With Slim•Fast, I lost the weight and walked down the aisle in my dream wedding dress."

Lisa Custard, Laguna Niguel, CA





Lost over 50 lbs.

"After I had my baby, people still asked, 'When are you due?' That hurt. Now I'm a thin, happy mom."

Stephanie Clark, Benton, IL





Lost 26½ lbs.

"I coach my kids' soccer team. When I gained over 25 pounds, I couldn't keep up. I lost it with Slim•Fast... Now my kids can't keep up with me."

Bruce Kirkpatrick, Hatboro, PA





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"I was fat. I only had mirrors that showed my face. After losing the weight with Slim•Fast, I bought a full length mirror and love everything I see."

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was back. I saw him the other day over at that new condominium thing in midtown, helping Caroline move in; he was toting a palm tree so big only his beady eyes were peekin' out of it. She's a honey, isn't she? The image of you at that age. Y'all must be real proud."

"Must have been somebody else's beady eyes, Charlie," I said. "Our daughter's married and living in Memphis. Honestly. You knew that."

Charlie was silent for a moment, then he said, "You get dressed and come on in the office, and I'll write you out those prescriptions."

It hit me as I swung my bare legs over the side. The room brightened as if flood lamps had been switched on. Tee has somebody else, I thought. That was Tee that Charlie saw. He knows it was. And that was *her* Tee was moving into that condo.

I could not focus my eyes. My ears rang. I put on my clothes and went out of the room and down the hall and out through reception and got on the elevator with a handful of lunch-bound people.

I deal with awfulness by becoming a caricature of middle-aged suburban normality. As soon as I stepped onto the sidewalk in front of Charlie's office, I swung my bag jauntily over my shoulder, pulled my chin up and strode off down the long hill. I was nearly down to the entrance to Colonial Homes Drive when Livvy Bowen called to me from her dirty old Saab, stopped at a red light.

"Where on earth are you going?" she yelled in her not-unpleasant New England honk. Livvy came south from Boston ten years before, when her husband, Caleb, was transferred to Tee's marketing team.

I smiled brilliantly at her.

"You've got on lipstick and panty hose," she grinned. "Who died?"

"Hi, Livvy," I ventured, as the light changed. Behind her, horns began to blow.

She stared at me another moment and then said, "Get in the car."

The chorus of horns swelled. I g into the car and slammed the do and she screeched away up the stree

"Where's your car?" she sai "Where have you been? You've g red blotches all over your neck."

"I've been to the doctor," I said i my grandmother Bell's dreadful, sur ny voice. "It's nothing. My car . . my car . . ." I smiled at Livvy. ' guess I left my car in the parking l at Charlie's."

"And you were going where?"

"Home, of course. Where do yo think I was going?"

Livvy just looked at me. I lived i Ansley Park, in the opposite directio of the way I had been walking, f nearly twenty years. I had been mak ing for my parents' old home; the had not lived there for the past fiv years. Livvy knew that.

I put my face into my hands an began to cry. "Tee is having an a fair," I sobbed. "I just found out."

Livvy hung a heart-stopping le across two lanes and we were in he sunny kitchen with cups of coffee be fore I could stop the treacherou sobs. "Tell," she said, handing me hot washcloth, and I mopped m face and told.

When I stopped talking, she snort ed and said, "Molly! Tee's not hav ing any affair. When would he Caleb's out with him when he's trav eling; don't you think I'd know i Tee wasn't where he said he was?"

"Charlie saw him, Livvy. . . ."

"Excuse me, pet, but every man i Atlanta in a certain class and ag group looks just like Tee."

I had to smile; she was righ There is a type of wellborn Atlant man who looks enough like Tee t be his kin: tall, lanky, blond-going gray, with the shambling gait of th college athlete most of them were.

"Charlie was Tee's roommate fo four years," I said. "He'd know. H thought the girl was Caroline."

"Even if the guy was hidden be hind a palm tree?" Livvy said. "An he'd surely not pick those particula condos. Half of Coke lives there."

"But I've *(continued on page 57)*

An after-school lesson *in* simple mathematics.



Peanut Butter & Jelly Sandwich
(2 Tbsp PB, 1Tbsp Jelly, 2 Slices Bread)

Calories	360
Calories from Fat	150
Fat	18g



Chef Boyardee® Beef Ravioli
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Calories	230
Calories from Fat	45
Fat	5g

An after-school meal doesn't have to be a fat fest. Consider a hot bowl of Chef Boyardee® Beef Ravioli. One serving has fewer calories and less than 1/3 the fat of a PB&J. Chef Boyardee Beef Ravioli is made with enriched pasta, sun-ripened tomatoes and 100% USDA-inspected beef. With no preservatives.

So when your kids come home starving after school, give them something you both like.



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Fungus-fre

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nails. Healthy. Clear. Perfe

But if you've noticed your
nails are turning colors (lik
white or yellow or brown)
and they're getting thick o
brittle or flaky, you've
probably go
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ridden nails



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enails often grow in for
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Prescription Lamisil may have some side effects for some people. In clinical studies, the most commonly reported were headache and gastrointestinal upset. In rare instances, adverse effects on the liver and serious skin reactions were reported, and therapy was discontinued. However, Lamisil is well tolerated by most people.

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Please see patient information on the adjacent page.

PATIENT INFORMATION ABOUT LAMISIL® TABLETS
Generic name: terbinafine (tur-bin-uh-feen)

Please read this as well as any other information your doctor gives you about LAMISIL® (terbinafine HCl tablets) Tablets and fungal infections of the toenail or fingernail. Only a doctor or other qualified healthcare professional has the training necessary to determine if LAMISIL Tablets are right for you.

What are LAMISIL Tablets?
LAMISIL Tablets are a prescription medicine for the treatment of onychomycosis (on-ee-ko-mi-ko-sis).

What is onychomycosis?
Onychomycosis is a fungal infection of fingernails or toenails. Because the fungus infects the area underneath the nail and in the place where the nail forms, it can be very stubborn and difficult to cure. The infection may cause some or all of the following: the nail can turn colors like white, yellow or brown, and become thickened and brittle. Additionally, it may be painful for some people.

How do LAMISIL Tablets work?
When you take LAMISIL Tablets, the active ingredient, terbinafine, travels to the infected area under the toenail or fingernail. Because terbinafine accumulates and lingers in the area of the nail that is growing, it can continue to work for months even after your prescription is finished, allowing the nail to heal naturally over a period of time.

How to take LAMISIL Tablets
Patients take one 250 mg tablet per day (it may be taken with or without food). You should follow your doctor's advice on how to take LAMISIL Tablets. Be sure to take the complete course of your medicine. For toenail infections, treatment time is 12 weeks. For fingernail infections, treatment time is 6 weeks. It is important to note that the complete healing process often takes at least 10 to 12 months for toenails and 4 months for fingernails. This is due to the length of time it takes for the new nails to grow in.

Who should not take LAMISIL Tablets
LAMISIL Tablets should not be taken by anyone allergic to any of its ingredients.

You should be aware of these warnings and precautions when taking LAMISIL Tablets

- As with all medications, you should discuss any side effects you experience with your doctor or healthcare professional.
- Rare instances of serious liver problems or skin reactions have been reported in patients using LAMISIL Tablets. In such cases, treatment with LAMISIL should be discontinued. Your doctor may ask you to undergo tests before and during treatment with LAMISIL Tablets.
- In clinical studies, 0.9% of patients taking LAMISIL Tablets discontinued therapy because of a skin rash. In rare cases, these skin reactions could indicate a serious side effect. If you notice a rash, stop taking LAMISIL and call your doctor.
- Isolated cases of decreases in white blood cell count have been reported. In all of the reported cases to date, these have been reversible.
- Patients with liver disease or kidney problems should not take LAMISIL Tablets.
- If you have problems with your immune system, your doctor may need to monitor your white blood cell count carefully if you take LAMISIL Tablets for more than 6 weeks. In some cases, LAMISIL therapy may need to be discontinued.
- Changes in the retina and lens of the eye have been reported following the use of LAMISIL. The significance of these changes is not known. In clinical studies, 0.9% of patients discontinued taking LAMISIL because of visual disturbances.
- The tumor-causing potential of LAMISIL has been examined i numerous studies in mice, rats, dogs, and monkeys. Male rat given a daily dosage approximately 13.8 times the maximum recommended human dose based on body weight, showed a marginal increase in the incidence of liver tumors. No increas in tumors was noted in a wide range of studies in mice, dogs, and monkeys. These tests suggest that this is a finding speci to rats.
- No studies with pregnant women have been done to evaluate re safety of LAMISIL Tablets. Because treatment of onychomyco can be delayed until after pregnancy is completed, LAMISIL Tablets should not be taken by pregnant women.
- The active ingredient of LAMISIL Tablets, terbinafine, is prese the breast milk of nursing mothers. Therefore, LAMISIL Tablet should not be taken by nursing mothers.
- No studies have been done in children to evaluate the safety LAMISIL Tablets.
- Talk to your doctor or healthcare professional before combinin LAMISIL Tablets with any other medications. Certain medications, including Tagamet®,* Seldane®,† and rifampin ma affect the rate at which LAMISIL is eliminated from the body. However, unlike some other antifungal medications, LAMISIL Tablets has been used safely with many commonly prescribe medications, such as Seldane®, Lanoxin®,‡ or Coumadin®§.

Possible side effects
Most patients tolerate treatment with LAMISIL Tablets very well. However, like all prescription drugs, LAMISIL Tablets may caus some side effects in some people. These side effects, as determined by three clinical studies, were mild and in general d not lead to discontinuation of treatment with LAMISIL Tablets. T most commonly reported side effects were headache, which occurred in 12.9% of patients, gastrointestinal symptoms, includ diarrhea (5.6%), upset stomach (4.3%), taste disturbances (2.8 nausea (2.6%), abdominal pain (2.4%), flatulence (2.2%), rash (5.6%), itching (2.8%), hives (1.1%), and abnormalities in laboratory tests of liver enzymes (3.3%). In some cases, these complaints were no more frequent than in patients taking placeb (sugar pill).

LAMISIL Tablets were prescribed only for you. Do not share LAMISIL Tablets with anyone else. Keep LAMISIL Tablets ar all other medications away from children. For more information about LAMISIL Tablets and fingernail or toenail fungal infections, talk to your doctor or other healthcare professional.

*Tagamet (cimetidine) is a registered trademark of SmithKline Beecham Pharmaceuticals.

†Seldane (terfenadine) is a registered trademark of Hoechst Marion Roussel, Inc.

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NOVARTIS

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April 1997

IE LAST TO KNOW

ntinued from page 50

d this breaking out since Christ-
as, when he started traveling. It's
e my body knew something that
r head didn't yet. Charlie said
ess could do that."

"So can whatever you wash your
derwear in. What could Tee possi-
want that you don't give him?"

"I've gained a lot of weight," I said
a low voice. "I don't take the
ins with myself that I used to. I
s homecoming queen my junior
ır, Liv. I was something to see."

"You still are," she said. "Listen, I
n't for a minute think you've got
thing to worry about. But, Moll,
at if there were somebody else?
ıat would it mean to you?"

"What do *you* think it would
an?" I said. "What would it mean
you if it was Caleb?"

She shrugged. "Depends. On
ether it was serious or a fling or
ne kind of silly midlife thing."

'And what would you do?"

'I'd give him two hours to wind it
quietly," said Livvy, "and if he
n't, I'd tell Coke he couldn't keep
ipped and tell her he had a penile
plant. And if he still wouldn't, I'd
ow his stuff out the door, change
locks and hire the meanest lawyer
s side of the Mississippi River."

We stared at each other over the an-
ue cherry game table that the
wens use for family meals, and
n we laughed.

Later, Livvy dropped me at Char-
s building to pick up my car. "So
en is Tee due back?" she asked.

'Day after tomorrow. But he goes
ıt out again Monday."

'Do me a favor. Cancel all your
od deeds and let Teddy fend for
ıself. Spend a day at Sydell and
the works . . . haircut, facial,
ssage. Then go buy yourself some-
ıg fabulous to sleep in. Chill the
ıe, light the candles. Attack Tee
minute he walks in. Whatever it
s that was terrific about your first
in the hay, do it again. *Then* ask
ı if he's having an affair."

'I couldn't . . ."

'*Ask* him, Moll. I guarantee you'll like his answer. By the time you two get out of bed, your butt will be as smooth as a baby's."

I left her laughing. I was laughing, too. I drove back to Ansley Park humming "Bye, bye, Miss American Pie" under my breath. It seemed utterly absurd that I had ever thought Tee was anybody but my beautiful, comfortable old Tee.

When I got home, still humming, Teddy called to me from the rump-sprung sofa in the library that was his television lair. I could see nothing of my son but enormous feet in new Nikes hanging over the sofa's arm, but he is Tee from the top of his head to his soles, except that Tee would die before he wore an earring.

I looked over the back of the couch. Teddy raised a hand in languid salute. "What are you doing home?" I said. "I thought you were taking Mandy for her driver's test."

"We had a fight. She was acting mean. I told her so. I said I wasn't going to be responsible for her being a jerk on wheels," my beautiful son said, not fully opening his eyes.

"You're going to have to apologize to her, you know," I said.

"The hell I am," Teddy said. "Let her call me. Speaking of calling, Dad called a few minutes ago. He's coming in late tonight, so don't wait up."

"What's the matter? Why's he coming back early?" I said, my heart beginning to suck and drag again.

"He just said he wanted to see us. Said we'd have a long breakfast in the morning. He sounded homesick."

I smiled. Warmth spread through me. Tee used to cut his trips short sometimes just to come home, and we'd have a long pancake and conversation breakfast the next morning.

"By the way, Ma," Teddy said, "how's your bee-hind? Charlie dropped off some cream for you." I grabbed the drugstore bag from the table and headed up the stairs.

"Going to be fine," I called back. "Probably an allergy."

"Jeez, I hope it's not an allergy to me or to Dad." *(continued)*





THE LAST TO KNOW

Continued

"Don't flatter yourself," I yelled, and went into the bedroom to anoint my affronted rear.

Tee was very late coming in. His step on the stairs was so familiar that I could feel it in the beat of my blood. Tonight, though, his footsteps were slower and heavier. Tired; he must be so tired. This insane traveling had gone on far too long.

He came quietly into the bedroom; he had undressed in this familiar dark many times before. He went into the bathroom and closed the door. I reached for the switch on the bedside lamp and when I heard the door open again, I clicked it on.

He froze in the flare of light, staring at me with unfocused eyes. For a moment my breath stopped. He looked mortally tired, bled white, old. I sat up in bed in a great rustle of plastic. And then his face crumpled and he began to laugh.

Back in the silly seventies, a quintessentially silly woman named Marabel Morgan had written an anti-feminist diatribe called *Total Woman*. One of her husband-pleasing stratagems was meeting hubby at the door with a cold martini, dressed in nothing but Saran Wrap. Tee and I had hooted over it, and one night I did just that. We ended up making love on the floor of our tiny foyer. I had no time to shop but I remembered the Saran Wrap. When Tee began to laugh, I jumped, crackling and rattling, out of bed and ran to him and threw my arms around him and pressed myself against him.

Tee buried his head in my ne and scrubbed it back and forth, ba and forth. He still did not speak, b I could hear his breathing thick and deepen. "Wanna see if it st works?" I whispered.

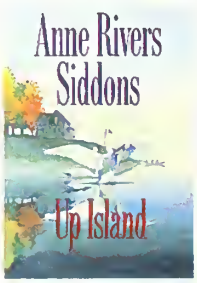
I ripped the plastic wrap off ar pulled him down on top of me the bed, clicking off the light swit on the way down. I gave him quarter. I clamped my legs arou his waist and held on as if I were danger of falling off the earth. N ther of us spoke. Later for that. the morning. Pancakes and sausa and Vivaldi and talk—sweet, sl hours of it. In the morning.

Nothing had changed in twent seven years. If anything, it was deep warmer, faster, more urgent than ev before. When we finally lay gaspi and tangled together, we still had n spoken a word. I felt as if we h passed far beyond words. I thought would be fine simply never to mo out from under the sweet, swea weight of him. But finally my legs b gan to go numb, and I turned my fa into his neck and said into his ear, bubble of laughter catching in throat, "And I was actually going ask you if you were having an affair."

He began to quiver against me, I have felt him do a hundred tim laughing silently after love, and I b gan to laugh, too. I stretched mys as far as I could, like a cat, rubbi his shaking shoulders, giddy a nerveless with completion and relie

It was not until I felt the wetn on my neck, a small rivulet coursi slowly down the slope of my brea that I realized he was crying. ●

Up Island, Anne Rivers Siddons' new novel, tells the story of a capable, wellborn Atlanta woman who, in the wake of a devastating divorce and her mother's sudden death, struggles to find a place for herself in the isolation and stark beauty of a New England island. This 320-page hardcover is also available in audiobook version (four 90-minute audiocassettes). Available by arrangement with HarperCollins, each version sells for $30, which includes shipping, handling and applicable sales tax.



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Affordable Cell-Phone Service

Everyone knows that a cellular phone can be a lifesaver in an emergency—say, your car breaks down on a deserted road, or your teenager is out past her curfew and you're worried sick. However, if you've been hesitant about buying a cell phone because of pricey monthly service charges and long-term contracts, you may want to consider a new prepaid cellular service that enables you to keep costs low.

Transco Research Corporation (212-479-2375), in New York City, for example, has a deal, available nationally, that's similar to prepaid phone cards: You buy time in $50, $100 or $200 blocks from which the cost of each call you make is deducted. Transco charges 99 cents a minute for both local and long-distance calls, with no extra monthly charge. So, as long as the phone is used *only* in emergencies, you can make your dollars stretch a long way.

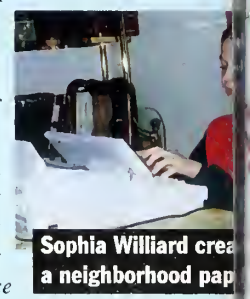
Several other companies, including AT&T and MCI, are testing prepaid service. Ask your cellular provider if they offer it, or plan to soon.

—Anna Roufos

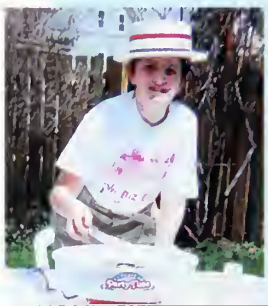
From Whiz Kids to Biz Kids

Just about every child operates a lemonade stand at one point or another. But for some, it's not just a way to make money—it's a stepping-stone to bigger, better business pursuits.

Nine-year-old Sophia Williard of Mount Lebanon, Pennsylvania, used to meet and greet neighbors as she hawked the sweet drink at the end of her driveway. "I got bored with that," says Sophia, "but I still wanted to make money and help people get to know one another." So last summer she started the *Park Entrance News*, a bimonthly neighborhood paper. One year later, Sophia's tabloid provides forty subscribers—including one loyal customer who moved to Georgia—with local news, sports, comics, poetry, trivia, surveys and advertisements.


Sophia Williard crea a neighborhood pap

With the help of her twelve-year-old sister, April, Sophia goes door to door to collect not only 25 cents per issue but the latest news too. Recent stories featured the new faces on the block (a newborn and the mailman), sewer-line construction and the score of the Fighting Crabs street kickball game. The pint-size Woodward and Bernstein only profit about $3 per issue after printing costs but enjoy other perks: They got first dibs on two guinea pigs advertised in their classified section, and, says their mother, Faith, "I give them a one-dollar tip if they are still getting along when they return from the neighborhood."


Michael Attardo, Jr., started a local market

Running a lemonade stand also fired the imagination of Buffalo, New York, eleven-year-old Michael Attardo, Jr. "I had this idea where kids can bring in their stuff and sell it and probably make some money," says Michael. Soon after, his father contacted the Buffalo State College Small Business Development Center, and Michael's vision became KidBiz, an outdoor marketplace run by seven- to eleven-year-old children. Last summer, more than forty children completed an entrepreneur's training class devised by the college, then paid $2 to rent booth space in a local park one Saturday per month. There they each pocketed between $10 and $70 every Saturday hawking snow cones, painted rocks, jewelry, designer pencils, used books, toys and, of course, lemonade.

—Deborah J. Baer

The Right Way to Reinvest

Q. The company I recently bought stock in offers a dividend reinvestment plan. Will this help build my portfolio, or is there a more profitable way to invest my dividend checks?

A. Dividend reinvestment plans (DRIPs) are a convenient way to buy more shares of a stock you already own without paying the standard 1½ to 2 percent broker's fee, says Susan Freed, a certified financial planner in Washington, D.C. However, reinvesting in the same stock can make your portfolio less diversified and more prone to risk. "Instead, you might want to use the dividend payments to buy a mutual fund," she suggests. "You'll have the same option to reinvest, but your money will be spread among many stocks." If your portfolio is already sufficiently diversified and you do join a DRIP, be sure to keep your year-end statements. When you decide to sell your shares, you'll need to tally the annual dividends to know how much you've reinvested over the years. —Erica Lumière

DISCOVER BREAKTHROUGH MIGRAINE RELIEF THAT LETS YOU STAY ALERT AND ACTIVE

IMITREX® (sumatriptan succinate) TABLETS RELIEVE MIGRAINE PAIN, NAUSEA, EVEN SENSITIVITY TO LIGHT... WITHOUT DROWSY SIDE EFFECTS.



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IMITREX Tablets were created specifically for the acute treatment of migraine attacks. They not only relieve the pain but also the nausea and sensitivity to light that often accompany migraine. What's more, this unique prescription medicine is effective even if you take it when your migraine is at its worst.

LETS YOU GET BACK TO YOUR LIFE

Because IMITREX is not a narcotic or barbiturate, it won't interfere with your ability to function. IMITREX stops your migraine without stopping you.

MOST PRESCRIBED MIGRAINE MEDICINE IN THE U.S.[1]

IMITREX Tablets have been prescribed for millions of migraine attacks in the U.S. and worldwide.[1]

IS IMITREX RIGHT FOR YOU?

IMITREX is appropriate for many migraine sufferers, but only your doctor or other health care provider can decide if IMITREX is right for you. You should not take IMITREX if you have certain types of heart disease, blood pressure that is uncontrolled, or are allergic to this medication. If you have risk factors for heart disease, such as high blood pressure, high cholesterol, diabetes, or are a smoker, you need to be evaluated by your doctor before taking IMITREX. Very rarely, people with undiagnosed heart disease have had serious heart-related problems when taking IMITREX.

If you are pregnant, nursing, or thinking about becoming pregnant, talk to your doctor. If you headaches are not migraines, IMITREX is not for you.

The most frequently seen side effects are tingling and nasal discomfort.

1 Source: Physician Drug and Diagnosis Audit (PDDA) August 1995 - July 1996. Scott-Le[illegible] a subsidiary of PMSI

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Please see the important information on the following page.

GlaxoWellcome

BRIEF SUMMARY

IMITREX® (sumatriptan succinate) Tablets

e following is a brief summary only; see full prescribing information for complete oduct information

ONTRAINDICATIONS: **Because of rare reports of coronary vasospasm, IMITREX blets should not be given to patients with ischemic heart disease (angina pectoris, story of myocardial infarction, or documented silent ischemia) or to patients with inzmetal's angina. Also, patients with symptoms or signs consistent with ischemic art disease should not receive IMITREX Tablets. Because IMITREX Tablets can give e to increases in blood pressure (usually small), they should not be given to patients th uncontrolled hypertension.**

Concurrent administration of monoamine oxidase (MAD) inhibitors or use within 2 eks of discontinuation of MAO inhibitor therapy is contraindicated (see CLINICAL ARMACOLOGY Drug Interactions section of full prescribing information and PRECAU-ONS Drug Interactions).

IMITREX Tablets should not be used within 24 hours of an ergotamine-containing or got-type medication like dihydroergotamine or methysergide.

IMITREX Tablets are contraindicated in patients with hypersensitivity to sumatrip-n or any of the ingredients.

ARNINGS. IMITREX Tablets should only be used where a clear diagnosis of migraine s been established.

IMITREX Tablets should not be administered to patients with basilar or hemiplegic graine.

Hypersensitivity (anaphylaxis/anaphylactoid) reactions have occurred on rare occa-ons in patients receiving sumatriptan. Such reactions can be life threatening or fatal. In neral, hypersensitivity reactions to drugs are more likely to occur in individuals with a tory of sensitivity to multiple allergens.

rdiac Events/Coronary Constriction: Serious coronary events, including some that ve been fatal, following IMITREX Tablets have occurred but are extremely rare. hough it is not clear how many of these can be attributed to IMITREX, because of ir potential to cause coronary vasospasm, IMITREX Tablets should not be given to tients in whom unrecognized coronary artery disease (CAD) is likely without a prior aluation for underlying cardiovascular disease. Such patients include post-enopausal women, males over 40, and patients with other risk factors for CAD such hypertension, hypercholesterolemia, obesity, diabetes, smokers, and strong lami-history. Following a satisfactory cardiovascular assessment, it is recommended that e first dose of IMITREX Tablets be given in the physician's office for patients with derlying risk factors for CAD unless these patients have previously received suma-ptan. If symptoms consistent with angina occur, electrocardiographic (ECG) evalua-n should be carried out to look for ischemic changes.

Sumatriptan may cause coronary vasospasm in patients with a history of CAD, who known to be more susceptible than others to coronary artery vasospasm, and, rarely, patients without prior history suggestive of CAD. Of 6,348 patients in clinical trials of al sumatriptan, two experienced clinical adverse events shortly after receiving oral matriptan that may have reflected coronary vasospasm. Neither of these adverse events s associated with a serious clinical outcome.

There have been rare reports from countries where IMITREX Tablets are already on the rket of serious adverse events, including myocardial infarction, ECG changes suggestive myocardial ischemia, and symptoms consistent with angina pectoris.

ug-Associated Fatalities: In extensive worldwide postmarketing experience, aths have been reported following the use of IMITREX Tablets. In most cases, the aths occurring after treatment with IMITREX Tablets occurred well after sumatrip-n use (i.e., 3 or more hours postdose) and probably reflect underlying disease and ontaneous events.

There have, however, been several fatalities that occurred within a few hours after the e of sumatriptan. The specific contribution of sumatriptan to most of these deaths not be determined, but in one case with IMITREX® (sumatriptan succinate) Injection, 1-year-old woman with a 6-day history of unilateral headache, uncertain history of diovascular disease with known risk factors (positive family history, postmenopausal man, and smoking) and a history of asthma and codeine allergy, experienced nausea, miting, a sense of warmth, chest pressure, and sweating within 7 minutes of dosing s was followed by hypotension at about one-half hour, and ventricular hycardia/ventricular fibrillation leading to death. In most other cases, death was ibuted to myocardial infarction occurring hours after drug administration.

Deaths attributed to strokes, cerebral hemorrhage, and other cerebrovascular events ve also been reported in patients treated with oral and subcutaneous sumatriptan. many cases, it appears possible that the cerebrovascular events were primary, matriptan having been administered in the incorrect belief that the symptoms experi-ced were migrainous in origin when they were not. Accordingly, it is important to rise patients not to administer sumatriptan if a headache being experienced is atypical e **in Women of Childbearing Potential**: (see PRECAUTIONS)

ECAUTIONS:

neral: Atypical sensations over the precordium (tightness, pressure, heaviness) have en reported after IMITREX Tablets, but have only rarely been associated with ischemic G changes. However, because sumatriptan may cause coronary artery vasospasm, ients who experience signs or symptoms suggestive of angina following sumatriptan uld be evaluated for the presence of CAD or a predisposition to Prinzmetal's variant gina before receiving additional doses of sumatriptan (see WARNINGS). Similarly, ients who experience other symptoms or signs suggestive of decreased arterial flow ch as ischemic abdominal syndromes or Raynaud's syndrome) following sumatriptan uld be evaluated for atherosclerosis or predisposition to vasospasm.

Sumatriptan may cause mild, transient elevation of blood pressure (see CLINICAL ARMACOLOGY section of full prescribing information).

IMITREX Tablets should also be administered with caution to patients with impaired atic function (see CLINICAL PHARMACOLOGY and DOSAGE AND ADMINISTRATION tions of full prescribing information).

There have been rare reports of seizure following administration of matriptan.

As with other acute migraine therapies, before treating headaches in patients not previ-ly diagnosed as migraineurs and in migraineurs who present with atypical symptoms, e should be taken to exclude other potentially serious neurological conditions. There e been rare reports where patients received sumatriptan for severe headaches that e subsequently shown to have been secondary to an evolving neurological lesion erebrovascular accident, subarachnoid hemorrhage). For a given attack, if a patient has response to the first dose, the diagnosis of migraine should be reconsidered before ministration of a second dose. In this regard, it should be noted that migraineurs may at increased risk of certain cerebrovascular events (e.g., cerebrovascular accident, sient ischemic attack).

ding to Melanin-Containing Tissues: Because sumatriptan binds to melanin, it could umulate in melanin-rich tissues (such as the eye) over time. This raises the possibility sumatriptan could cause toxicity in these tissues after extended use. However, no cts on the retina related to treatment with sumatriptan were noted in any of the toxici-tudies. Although no systematic monitoring of ophthalmologic function was undertak-n clinical trials, and no specific recommendations for ophthalmologic monitoring are red, prescribers should be aware of the possibility of long-term ophthalmologic effects e CLINICAL PHARMACOLOGY section of full prescribing information).

neal Opacities: Sumatriptan causes corneal opacities and defects in the corneal helium in dogs; this raises the possibility that these changes may occur in humans. le patients were not systematically evaluated for these changes in clinical trials, and no ific recommendations for monitoring are being offered, prescribers should be aware he possibility of these changes (see CLINICAL PHARMACOLOGY section of full scribing information).

rmation for Patients: See PATIENT INFORMATION at the end of the full prescribing rmation for the text of the separate leaflet provided for patients.

oratory Tests: No specific laboratory tests are recommended for monitoring patients r to and/or after treatment with IMITREX Tablets.

g Interactions:

e: The combined use of oral sumatriptan and MAO inhibitors is contraindicated e CONTRAINDICATIONS).

There is no evidence that concomitant use of migraine prophylactic medications has effect on the efficacy or unwanted effects of sumatriptan. In controlled trials, a retro-ctive analysis compared 199 patients who had been using IMITREX Tablets and pro-phylactic drugs (calcium channel blockers, n=76, tricyclic antidepressants, n=43, beta blockers, n=70) to those who had not used prophylaxis (n=1,220). There were no differences in overall adverse event rates between the two groups.

Ergot-containing drugs have been reported to cause prolonged vasospastic reactions. Because there is a theoretical basis that these effects may be additive, use of ergot-containing or ergot-type medications (like dihydroergotamine or methysergide) and sumatriptan within 24 hours of each other should be avoided (see CONTRAINDICATIONS).

Propranolol: Pretreatment with propranolol 80 mg twice daily for 7 days had no effect on the pharmacokinetics, blood pressure, or pulse rate of oral sumatriptan administered as a single 300-mg dose.

Alcohol: Alcohol consumed 30 minutes prior to sumatriptan ingestion had no effect on the pharmacokinetics of sumatriptan.

Drug/Laboratory Test Interactions: IMITREX Tablets are not known to interfere with commonly employed clinical laboratory tests.

Carcinogenesis, Mutagenesis, Impairment of Fertility: In carcinogenicity studies, rats and mice were given sumatriptan by oral gavage (rats, 104 weeks) or in drinking water (mice, 78 weeks). Average exposures achieved in mice receiving the highest dose were approximately 40 times the exposure attained in humans after the maximum recommended single dose of 100 mg. The highest dose to rats was approximately 15 times the maximum single human dose of 100 mg on a mg/m^2 basis. There was no evidence of an increase in tumors in either species related to sumatriptan administration.

Sumatriptan was not mutagenic in the presence or absence of metabolic activation when tested in two gene mutation assays (the Ames test and the in vitro mammalian Chinese hamster V79/HGPRT assay). In two cytogenetics assays (the in vitro human lymphocyte assay and the in vivo rat micronucleus assay) sumatriptan was not associated with clastogenic activity.

In a study in which male and female rats were dosed daily with oral sumatriptan prior to and throughout the mating period, there was a treatment-related decrease in fertility secondary to a decrease in mating in animals treated with 50 and 500 mg/kg per day. The no-effect dose for this finding was approximately one half of the maximum recommended single human dose of 100 mg on a mg/m^2 basis. It is not clear whether the problem is associated with treatment of the males or females or both combined.

Pregnancy: ***Pregnancy Category C***: In reproductive toxicity studies in rats and rabbits, oral treatment with sumatriptan was associated with embryolethality, fetal abnormalities, and pup mortality. There is no evidence that establishes that sumatriptan is a human teratogen, however, there are no adequate and well-controlled studies in pregnant women. IMITREX Tablets should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. In assessing this information, the following findings should be considered.

Embryolethality: When given orally to pregnant rabbits daily throughout the period of organogenesis, sumatriptan caused embryolethality only at a dose that clearly resulted in maternal toxicity, 100 mg/kg per day. The no-effect dose for embryolethality was 50 mg/kg per day, which is approximately nine times the maximum single human dose of 100 mg on a mg/m^2 basis.

Teratogenicity: A study in which rats were dosed daily with oral sumatriptan prior to and throughout gestation demonstrated fetal toxicity and a small increased incidence of a syndrome of malformations (short tail/short body and vertebral disorganization) after long-term treatment with 500 mg/kg per day. The no-effect dose for this effect was 50 mg/kg per day, approximately five times the maximum single human dose of 100 mg on a mg/m^2 basis.

Oral treatment of pregnant rats with sumatriptan during the period of organogenesis resulted in an increased incidence of blood vessel abnormalities (cervicothoracic and umbilical) at doses of approximately 250 mg/kg per day or higher. The no-effect dose for this was approximately 60 mg/kg per day, approximately six times the maximum single human dose of 100 mg on a mg/m^2 basis.

Oral treatment of pregnant rabbits with sumatriptan during the period of organogenesis resulted in an increased incidence of cervicothoracic vascular and skeletal abnormalities. The highest no-effect dose established for these effects was 15 mg/kg per day, approximately three times the human dose of 100 mg on a mg/m^2 basis.

To monitor fetal outcomes of pregnant women exposed to IMITREX, Glaxo Wellcome Inc. maintains a Sumatriptan Pregnancy Registry. Physicians are encouraged to register patients by calling (800) 722-9292, ext. 39441.

Pup Deaths: Oral treatment of pregnant rats with sumatriptan during the period of organogenesis resulted in a decrease in pup survival between birth and postnatal day 4 at doses of approximately 250 mg/kg per day or higher. The no-effect dose for this effect was approximately 60 mg/kg per day, or six times the human dose of 100 mg on a mg/m^2 basis.

Oral treatment of pregnant rats with sumatriptan from gestational day 17 through postnatal day 21 demonstrated a decrease in pup survival measured at postnatal days 2, 4, and 20 at the dose of 1,000 mg/kg per day. The no-effect dose for this finding was 100 mg/kg per day, approximately 10 times the human dose of 100 mg on a mg/m^2 basis.

Nursing Mothers: Sumatriptan is excreted in human breast milk. Therefore, caution should be exercised when considering the administration of IMITREX Tablets to nursing women.

Pediatric Use: Safety and effectiveness of IMITREX Tablets in pediatric patients have not been established.

Use in the Elderly: The safety and effectiveness of IMITREX Tablets in individuals over age 65 have not been systematically evaluated, but the pharmacokinetic disposition of IMITREX Tablets in the elderly is similar to that seen in younger adults.

ADVERSE REACTIONS: (see also PRECAUTIONS) Sumatriptan may cause coronary vasospasm in patients with a history of CAD, known to be susceptible to coronary artery vasospasm, and, very rarely, without prior history suggestive of CAD.

There have been rare reports from countries in which IMITREX Tablets have been marketed of serious and/or life-threatening arrhythmias including atrial fibrillation, ventricular fibrillation, ventricular tachycardia, myocardial infarction; ECG changes suggestive of myocardial ischemia; and symptoms consistent with angina pectoris after oral sumatriptan. Chest discomfort, when it occurs, is usually noncardiac in origin.

Other untoward clinical events associated with the use of IMITREX Tablets are: warm/hot sensations, tingling/paresthesia, pressure sensations, flushing, sensations of heaviness, chest symptoms (tightness and sensations of heaviness), dizziness/vertigo, bad taste in mouth, weakness, myalgias, neck stiffness, all these untoward effects are transient, although they may be severe in occasional patients.

Incidence in Controlled Clinical Trials: The following table lists adverse events that occurred in two large US placebo-controlled clinical trials. Only events that occurred at a frequency of 1% or more in the IMITREX Tablets 100-mg group and that occurred more frequently in that group than the placebo group are included in the following table.

Treatment-Emergent Adverse Events in Controlled US Clinical Trials Reported by at Least 1% of Patients With Migraine*

	Percent of Patients Reporting			
Adverse Event Type	Placebo (n=112)	IMITREX® 25 mg (n=114)	IMITREX 50 mg (n=108)	IMITREX 100 mg (n=112)
Atypical sensations				
Feeling of heaviness	<1	<1	<1	2
Feeling of tightness	0	<1	2	2
Pressure sensation	0	<1	2	2
Tingling	4	8	4	5
Warm/hot sensation	<1	2	3	3
Cardiovascular				
Flushing	<1	0	4	2
Palpitations	<1	0	<1	2
Ear, nose, and throat				
Discomfort: nasal	4	5	5	7
Eye				
Irritation of eye(s)	0	0	0	2
Visual disturbance	<1	0	<1	3
Musculoskeletal				
Weakness	0	2	<1	2
Neurological				
Agitation	0	0	0	2
Urogenital				
Dysuria	<1	0	0	2

*Events that occurred at a frequency of 1% or more in the IMITREX Tablets 100 group and that occurred more frequently in that group than the placebo group.

Other events that occurred at least as often on placebo as in the 100-mg dose g included abdominal discomfort, mouth or tongue discomfort, neck stiffness, anxiety, disturbance, nausea and/or vomiting, migraine, headache, drowsiness/sedation, ness/vertigo, and malaise/fatigue.

IMITREX Tablets are generally well tolerated. Across all doses, most adverse reac are mild and transient and do not lead to long-lasting effects. The incidence of ad events in controlled clinical trials was not affected by gender or age of the patients was insufficient data to assess the impact of race on the incidence of adverse events.

Other Events Observed in Association With Oral Sumatriptan: In the paragraphs tha low, the frequencies of less commonly reported adverse clinical events are prese Because the reports cite events observed in open and uncontrolled studies, the ro IMITREX Tablets in their causation cannot be reliably determined. Furthermore, varia associated with reporting requirements, the terminology used to describe adverse ev etc., limit the value of quantitative frequency estimates provided.

Event frequencies are calculated as the number of patients reporting an event divid the total number of patients (n = 6,348) exposed to oral sumatriptan. All reported even included except those already listed in the previous table, those too general to be inf tive, and those not reasonably associated with the use of the drug. Events are further sified within body system categories and enumerated in order of decreasing freq using the following definitions: frequent adverse events are defined as those occurring least 1/100 patients, infrequent adverse events are those occurring in 1/100 to 1/1 patients; rare adverse events are those occurring in fewer than 1/1,000 patients.

Atypical Sensations: Frequent were burning sensation, numbness, paresth Infrequent was tight feeling in head. Rare were dysesthesia, hot and cold sensation.

Cardiovascular: Frequent were chest discomfort, chest pressure/heaviness, tightness. Infrequent were arrhythmia, changes in ECG, hypertension, hypotension, pulsating sensations, tachycardia.

Rare were angina, atherosclerosis, bradycardia, cerebral ischemia, cerebrova lesion, heart block, peripheral cyanosis, thrombosis, transient myocardial ischa vasodilation.

Ear, Nose, and Throat: Frequent were throat symptoms. Infrequent were hearing turbances, otalgia. Rare was feeling of fullness in the ear(s).

Endocrine and Metabolic: Infrequent was thirst. Rare were elevated thyrotropin ulating hormone (TSH) levels, galactorrhea, hyperglycemia, hypoglycemia, hyp roidism, polydipsia, weight gain, weight loss.

Eye: Rare were disorders of sclera, mydriasis.

Gastrointestinal: Frequent were diarrhea, gastric symptoms. Infrequent were co pation, dysphagia, gastroesophageal reflux. Rare were gastrointestinal blee hematemesis, melena, peptic ulcer.

Hematological Disorders: Rare was anemia.

Musculoskeletal: Frequent was myalgia. Infrequent was muscle cramps. Rare tetany.

Neurological: Frequent were phonophobia, photophobia. Infrequent were contu depression, difficulty concentrating, disturbance of smell, dysarthria, euphoria, facial heat sensitivity, incoordination, lacrimation, monoplegia, sleep disturbance, shiver syncope, tremor. Rare were aggressiveness, apathy, bradykinesia, cluster headache, co sions, decreased appetite, drug abuse, dystonic reaction, facial paralysis, hallucinat hunger, hyperesthesia, hysteria, increased alertness, memory disturbance, neur paralysis, personality change, phobia, radiculopathy, rigidity, suicide, twitching.

Respiratory: Frequent was dyspnea. Infrequent was asthma. Rare was hiccoughs.

Skin: Frequent was sweating. Infrequent were erythema, pruritus, rash, tenderness. Rare were dry/scaly skin, tightness of skin, wrinkling of skin.

Breasts: Infrequent was tenderness. Rare was nipple discharge.

Urogenital: Infrequent were dysmenorrhea, increased urination, intermen bleeding. Rare were abortion, hematuna.

Miscellaneous: Frequent was hypersensitivity. Infrequent were cough, fever, retention, overdose. Rare were edema, hematoma, lymphadenopathy, speech d bance, voice disturbances.

Postmarketing Experience: The following are spontaneously reported adverse e from postmarketing experience except those events already listed previously i ADVERSE REACTIONS section or those too general to be informative. Because the re cite events reported spontaneously from worldwide postmarketing experience, frequ of events and the role of IMITREX Tablets in their causation cannot be reliably determ

Blood: Pancytopenia, thrombocytopenia.

Cardiovascular: Cardiomyopathy, cerebrovascular accident, ischemic c pulmonary embolism, shock, subarachnoid hemorrhage.

Dermatological: Exacerbation of sunburn, photosensitivity.

Ear, Nose, and Throat: Deafness.

Eye: Intraocular disorders, ischemic optic neuropathy, periorbital edema, retinal a occlusion.

Gastrointestinal: Xerostomia.

Hepatic: Disturbances of liver function tests, hepatic impairment.

Hypersensitivity Reactions: Erythema, pruritus, rash, shortness of breath, urticana. In addition, severe anaphylaxis/anaphylactoid reactions have been reported WARNINGS).

Non-Site Specific: Angioneurotic edema, cyanosis, death (see WARNINGS), temp arteritis.

Psychiatry: Panic disorder.

Urogenital: Acute renal failure.

DRUG ABUSE AND DEPENDENCE: The abuse potential of IMITREX Tablets cannot fully delineated in advance of extensive marketing experience. One clinical study IMITREX® (sumatriptan succinate) Injection enrolling 12 patients with a history of stance abuse failed to induce subjective behavior and/or physiologic response ordin associated with drugs that have an established potential for abuse.

OVEROOSAGE: Patients (n=670) have received single oral doses of 140 to 300 mg out significant adverse effects. Volunteers (n=174) have received single oral doses of to 400 mg without serious adverse events.

No gross overdoses in clinical practice have been reported. Coronary vasospasm observed after intravenous administration of sumatriptan (see CONTRAINDICATIO Overdoses would be expected from animal data to possibly cause tremor, lethargy, thema of the extremities, abnormal respiration, cyanosis, ataxia, mydriasis, and paral The elimination half-life of sumatriptan is about 2.5 hours (see CLINICAL PHARMACO GY section of full prescribing information), and therefore monitoring of patients after dose with IMITREX Tablets should continue for at least 10 hours or while symptom signs persist.

It is unknown what effect hemodialysis or peritoneal dialysis has on the serum centrations of sumatriptan.

Glaxo Wellcome

Glaxo Wellcome Inc.
Research Triangle Park, NC 27709

U. S. Patent Nos. 4,816,470 and 5,037,845

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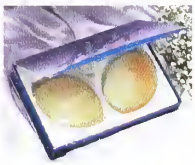


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The New Cholesterol-Controllin Alternative: Effective, Economica

You exercise. You don't smoke. You eat healthy meals and you limit the amount of fat in your diet But your cholesterol level is still too high?

You may need extra help in getting your cholesterol count down to a heart-healthy number. Ask your doctor about Lipitor, the new, cholesterol-lowering drug that has been shown in clinical trials to be more effective in reducing LDL and triglycerides than similar drugs designed to control high cholesterol levels. Plus Lipitor also works to raise the levels of HDL or good cholesterol. Best of all, it's available at a considerable savings through the aVida Rx prescription program if you are not covered by a prescription program and pay cash for your drugs. Yearly membership costs less than $10 and by joining, you'll save up to 60% when your doctor authorizes your prescription change to Lipitor (if medically appropriate). Simply take your new or revised prescription to one of the 25,000 participating pharmacies To learn more about the aVida Rx program call 1-800-511-1314. Prescription savings are also available for birth control pills, estrogen replacement therapy, heart medications and diabetes products.

The ABC's of Cholesterol

LDL or low density lipoprotein is the so-called "bad" cholesterol which, if present in high levels, translates into an increased risk of heart disease. Too much of it in the blood helps form plaque that can clog the arteries to the brain and heart or cause a stroke-causing clot.

Triglycerides are the chemical form of most fats in the body and in food. Calories that are not immediately used by the body are converted to triglyceride and sent to fat cells for storage. If you have an excess of triglycerides in your plasma, you could be at a higher risk for coronary artery disease.

HDL—high density lipoprotein—cholesterol has a much better reputation. Known as the good cholesterol, it's believed to help carry cholesterol away from the arteries back to the liver, where it's eliminated from the body, and when present in high levels seems to protect against heart disease. If you need help getting your cholesterol levels under control, ask your doctor about Lipitor. It's been found to be particularly effective in lowering LDL and triglycerides (bad cholesterol), while helping to raise the level of HDL(good) cholesterol by as much as 6 to10%.



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All About You



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Before you reach your breaking point with brittle or peeling nails try Qtica Natural Nail Growth Stimulator. Fortified with sulfur amino acids and garlic extract, the clear polish reinforces and hardens the nail fibers, maintains proper moisture levels, and stimulates new nail growth. Apply as a base or top coat. You'll see results in just 14 days! Available at finer beauty salons. $19.95. Call Art of Beauty at (800) 659-6909 for more information.

MICKEY'S CHRISTMAS TRAIN



Train shown slightly smaller than actual size.

the Danbury Mint

n enchanting, hand painted sculpture featuring your favorite Disney characters!

o-t! T-o-o-t! Here comes *Mickey's istmas Train* and it's making a stop at your ıe! With all of your favorite Disney char- rs aboard, the train is right on schedule righten all your holiday fun and festivities.

Charmingly detailed!

ı of the six train cars is expertly sculpted apture the personalities of beloved Disney 'acters and the joy of the holiday season. ineer Mickey is driving the train while Donald Duck shov- :oal. Daisy, Huey, Dewey and Louie are busy wrapping the ents. Sweet Minnie Mouse is decorating the tree in her liar high-heeled shoes, while Pluto is trying his best to 'd the Christmas walnuts from Chip and Dale. Last but not least is Conductor Goofy, riding in the caboose and holding a red lantern.



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Shown above is the complete Mickey's Christmas Train (much smaller than actual length of 19").

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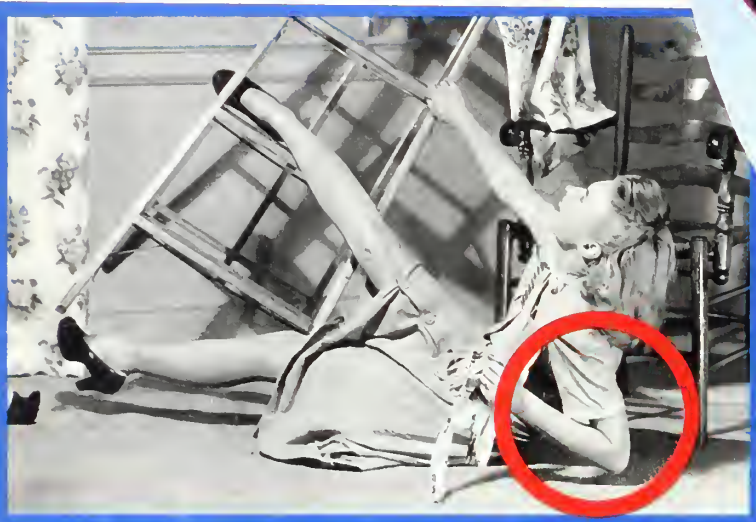
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DTF10012

What Causes An Ice-Cream Headache

. . . and answers to other medical mysteries

By Shana Aborn



Why does hitting your funny bone feel so odd?

What you're hitting isn't a bone at all but the ulnar nerve, which lies on the inner part of the elbow and stretches from the neck down to the little finger. Stimulating the nerve with a sudden blow causes that unpleasant (and not at all funny) electrical sensation down the arm as the nerve fires.



Why does eating ice cream sometimes give you a headache?

This is an odd phenomenon called "referred pain," in which discomfort happens in one location but is felt somewhere else. In this case, the pain from the cold ice cream begins in the nerve endings at the back of the throat, then is felt up the nerve to the cheeks, nose, temples and forehead. You can avoid mixing pain with your ice-cream pleasure by taking smaller bites, thus reducing the shocking stimulus in your throat. Eating your ice cream more slowly will also help since it warms a little in your mouth.

Why can't some people wink?

It's rare not to be able to wink, but a few of us are just born that way. Non-winkers blink automatically all day long like everyone else, but they're missing a nerve connection that lets them move one eyelid on command. Apart from that, there is no physical difference between a winker and a non-winker, nor is it a sign of a medical problem.



What are you really "cracking" when you crack your knuckles?

The popping sound is caused when synovial fluid, the liquid that lubricates the joint, is forced quickly from one side of the knuckle to the other, says Wendell Erwin, M.D., a professor of orthopedic surgery at Baylor College of Medicine, in Houston. Contrary to popular belief, the habit does not cause arthritis or enlarged joints—the worst it can do is annoy others.



IF YOU TOOK TYPING IN HIGH SCHOOL, IT'S TIME TO SEE AN INTERNIST.

If you remember carbon paper, typewriter ribbons and correction fluid, please make a note. It's time to start seeing a Doctor of Internal Medicine.

Internists are the medical doctors who make a practice of treating adults. They devote at least three additional years, after medical school, learning to prevent and treat diseases that primarily affect grown ups. So they're well prepared to listen and talk with you about a broad range of adult health care needs. And they can help with everything from routine physicals and wellness programs to the management of complex medical conditions, like heart disease, cancer, diabetes and arthritis.

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For more information, contact a Doctor of Internal Medicine in your community, or learn more about us at our website, http://www.acponline.org.

DOCTORS OF INTERNAL MEDICINE. DOCTORS FOR ADULTS.™

A message from the American College of Physicians with support from the American Board of Internal Medicine Foundation

Why does having sex make you hungry?

Sex is an aerobic activity, and like any workout, it burns calories, says Cindy Moore, M.S., R.D., a spokesperson for the American Dietetic Association. When you eat, your body converts food into sugar, which it then uses for fuel. When you expend the energy, your muscles use that sugar, making your blood-sugar levels go down. Low blood-sugar levels trigger your brain to send out the signal that you need food, which in turn prompts that mad dash to the fridge after a night of wild passion.



Why is it so difficult for women to lose weight in their hips and thighs?

About 80 percent of women are genetically predetermined to accumulate fat in the thighs and hips. So far, the best theory from scientists states that these hip and thigh bulges are storage depots for pregnancy and lactation, says C. Wayne Callaway, M.D., an endocrinologist at George Washington University, in Washington, D.C. If a famine were to occur, the anthropologists say, women would have a ready energy supply to keep a fetus alive or nurse a baby.



Does eating strange food affect your dreams?

While it may seem as though your dreams become more vivid after a garlic- or curry-laden dinner, doctors say you're merely remembering them more. Spicy foods tend to cause stomach discomfort, which makes for a more restless night. If you wake up in the middle of a dream, you'll remember it, says Max Hirshkowitz, Ph.D., director of the sleep-research lab at Houston's V.A. Medical Center. Sound sleepers don't remember their dreams at all, although they still have them.

Why doesn't the hair on your body grow as long as the hair on your head?

Each strand of hair goes through three different phases: growth, resting and falling out. The length of a hair depends on the duration of its cycle, which varies with its location on the body. The growth phase for scalp hair is about three to five years, and the resting phase is about four months. But the growth phase for body hair is only a few months long, and body hair falls out much more quickly than scalp hair. Your scalp is covered with hairs at different stages, which is why you don't go bald every five years. If you never cut your hair, letting it grow for the entire growth phase, you can end up with quite a headful.



Why does your nose run when it's cold?

A runny nose on a chilly morning is your body's way of keeping you healthy. The mucous membranes lining the nose produce about one quart of mucus a day to rinse out airborne bacteria, viruses, dirt and dust before they can reach the lungs. The fluid also moistens and warms the air you breathe to help protect your throat. If you're being exposed to cold, dry air, you need more mucus, so your nose simply works overtime. The extra fluid has nowhere to run but out—or down the back of your throat.

SEREVENT: Twice-a-day prevention of asthma symptoms.



"When you have asthma, two puffs twice a day is a lot better than puffing all day long."

SEREVENT is the only *long-acting* inhaled bronchodilator. SEREVENT is designed to help prevent your asthma symptoms before they start. When used just two puffs, twice a day – morning and evening – approximately 12 hours apart, SEREVENT helps keep air passages open so your breathing remains free and clear. Results compared to fast-acting bronchodilators:

- ***Less chance of waking up in the middle of the night, coughing or wheezing***
- ***Fewer symptoms with exercise***
- ***Fewer episodes of difficult breathing***

With SEREVENT as one part of your treatment program, you may be able to reduce the number of times you have to use your fast-acting bronchodilator and get on with your life with less fear that asthma symptoms might be sneaking up on you.

SEREVENT: What you need to know.



- ***SEREVENT is not a substitute for fast-acting bronchodilators to treat sudden asthma symptoms and should never be taken more than twice a day.*** SEREVENT is a preventive medication that takes longer to be effective. So when sudden asthma symptoms occur, you will still need your fast-acting bronchodilator prescribed by your doctor.
- ***SEREVENT also is not a substitute for medication that controls inflammation in your lungs (inhaled or oral corticosteroids).*** SEREVENT can be a valuable preventive medication, but it is intended to be just one part of your treatment program.
- ***Do not stop or change the dosage of your other asthma medications without talking to your doctor.*** Even if you feel better, any change in dosage or medication could result in your condition worsening. ***Of course, if your condition worsens, contact your doctor immediately.***

Is SEREVENT right for you? Only your doctor can decide.



SEREVENT is available by prescription only and is indicated for patients 12 and older.

The most common side effects caused by SEREVENT are: headache (10%), tremor (3%), and cough (3%). Of course, no medication works unless you are committed to stick with it. So see your doctor about SEREVENT. It can help you control your asthma instead of letting your asthma control you.

For more information and a $5 REBATE certificate, call 1-800-599-1177, ext. 219

SereVent® (salmeterol xinafoate) Inhalation Aerosol



GlaxoWellcome

se see important information on the following pages.

BRIEF SUMMARY

SEREVENT®
(salmeterol xinafoate)
Inhalation Aerosol

Bronchodilator Aerosol
For Oral Inhalation Only

The following is a brief summary only; see full prescribing information for complete product information

CONTRAINDICATIONS: SEREVENT Inhalation Aerosol is contraindicated in patients with a history of hypersensitivity to any of the components

WARNINGS:
IMPORTANT INFORMATION: SEREVENT INHALATION AEROSOL SHOULD NOT BE INITIATED IN PATIENTS WITH SIGNIFICANTLY WORSENING OR ACUTELY DETERIORATING ASTHMA, WHICH MAY BE A LIFE-THREATENING CONDITION. Serious acute respiratory events, including fatalities, have been reported, both in the United States and worldwide, when SEREVENT Inhalation Aerosol has been initiated in this situation.

Although it is not possible from these reports to determine whether SEREVENT Inhalation Aerosol contributed to these adverse events or simply failed to relieve the deteriorating asthma, the use of SEREVENT Inhalation Aerosol in this setting is inappropriate.

SEREVENT INHALATION AEROSOL SHOULD NOT BE USED TO TREAT ACUTE SYMPTOMS. It is crucial to inform patients of this and prescribe a short-acting, inhaled beta$_2$-agonist for this purpose as well as warn them that increasing inhaled beta$_2$-agonist use is a signal of deteriorating asthma.

SEREVENT INHALATION AEROSOL IS NOT A SUBSTITUTE FOR INHALED OR ORAL CORTICOSTEROIDS. Corticosteroids should not be stopped or reduced when SEREVENT Inhalation Aerosol is initiated.

(See PRECAUTIONS: Information for Patients and PATIENT'S INSTRUCTIONS FOR USE.)

1. Do Not Introduce SEREVENT Inhalation Aerosol as a Treatment for Acutely Deteriorating Asthma: SEREVENT Inhalation Aerosol is intended for the maintenance treatment of asthma (see INDICATIDNS AND USAGE section of full prescribing information) and should not be introduced in acutely deteriorating asthma, which is a potentially life-threatening condition. There are no data demonstrating that SEREVENT Inhalation Aerosol provides greater efficacy than or additional efficacy to short-acting, inhaled beta$_2$-agonists in patients with worsening asthma. Serious acute respiratory events, including fatalities, have been reported, both in the US and worldwide, in patients receiving SEREVENT Inhalation Aerosol. In most cases, these have occurred in patients with severe asthma (e.g., patients with a history of corticosteroid dependence, low pulmonary function, intubation, mechanical ventilation, frequent hospitalizations, or previous life-threatening acute asthma exacerbations) and/or in some patients in whom asthma has been acutely deteriorating (e.g., unresponsive to usual medications; increasing need for inhaled, short-acting beta$_2$-agonists, increasing need for systemic corticosteroids; significant increase in symptoms, recent emergency room visits; sudden or progressive deterioration in pulmonary function). However, they have occurred in a few patients with less severe asthma as well. It was not possible from these reports to determine whether SEREVENT Inhalation Aerosol contributed to these events or simply failed to relieve the deteriorating asthma.

2. Do Not Use SEREVENT Inhalation Aerosol to Treat Acute Symptoms: A short-acting, inhaled beta$_2$-agonist, not SEREVENT Inhalation Aerosol, should be used to relieve acute asthma symptoms. When prescribing SEREVENT Inhalation Aerosol, the physician must also provide the patient with a short-acting, inhaled beta$_2$-agonist (e.g., albuterol) for treatment of symptoms that occur acutely, despite regular twice daily (morning and evening) use of SEREVENT Inhalation Aerosol

When beginning treatment with SEREVENT Inhalation Aerosol, patients who have been taking short-acting, inhaled beta$_2$-agonists on a regular basis (e.g., q.i.d.) should be instructed to discontinue the regular use of these drugs and use them only for symptomatic relief if they develop acute asthma symptoms while taking SEREVENT Inhalation Aerosol (see PRECAUTIONS: Information for Patients).

3. Watch for Increasing Use of Short-Acting, Inhaled Beta$_2$-Agonists, Which Is a Marker of Deteriorating Asthma: Asthma may deteriorate acutely over a period of hours or chronically over several days or longer. If the patient's short-acting, inhaled beta$_2$-agonist becomes less effective or the patient needs more inhalations than usual, this may be a marker of destabilization of asthma. In this setting, the patient requires immediate reevaluation with reassessment of the treatment regimen, giving special consideration to the possible need for corticosteroids. If the patient uses four or more inhalations per day of a short-acting, inhaled beta$_2$-agonist for 2 or more consecutive days, or if more than one canister (200 inhalations per canister) of short-acting, inhaled beta$_2$-agonist is used in an 8-week period in conjunction with SEREVENT Inhalation Aerosol, then the patient should consult the physician for reevaluation. **Increasing the daily dosage of SEREVENT Inhalation Aerosol in this situation is not appropriate. SEREVENT Inhalation Aerosol should not be used more frequently than twice daily (morning and evening) at the recommended dose of two inhalations.**

4. Do Not Use SEREVENT Inhalation Aerosol as a Substitute for Oral or Inhaled Corticosteroids: There are no data demonstrating that SEREVENT Inhalation Aerosol has a clinical anti-inflammatory effect and could be expected to take the place of, or reduce the dose of, corticosteroids. Patients who already require oral or inhaled corticosteroids for treatment of asthma should be continued on this type of treatment even if they feel better as a result of initiating SEREVENT Inhalation Aerosol. Any change in corticosteroid dosage should be made ONLY after clinical evaluation (see PRECAUTIONS: Information for Patients).

5. Do Not Exceed Recommended Dosage: As with other inhaled beta$_2$-adrenergic drugs, SEREVENT® (salmeterol xinafoate) Inhalation Aerosol should not be used more often or at higher doses than recommended. Fatalities have been reported in association with excessive use of inhaled sympathomimetic drugs. Large doses of inhaled or oral salmeterol (12 to 20 times the recommended dose) have been associated with clinically significant prolongation of the QT_C interval, which has the potential for producing ventricular arrhythmias.

6. Paradoxical Bronchospasm: As with other inhaled asthma medications, paradoxical bronchospasm (which can be life threatening) has been reported following the use of SEREVENT Inhalation Aerosol. If it occurs, treatment with SEREVENT Inhalation Aerosol should be discontinued immediately and alternative therapy instituted.

7. Immediate Hypersensitivity Reactions: Immediate hypersensitivity reactions may occur after administration of SEREVENT Inhalation Aerosol, as demonstrated by rare cases of urticaria, angioedema, rash, and bronchospasm.

8. Upper Airway Symptoms: Symptoms of laryngeal spasm, irritation, or swelling, such as stridor and choking, have been reported rarely in patients receiving SEREVENT Inhalation Aerosol.

PRECAUTIONS:
General: 1. Use With Spacer or Other Devices: The safety and effectiveness of SEREVENT Inhalation Aerosol when used with a spacer or other devices have not been adequately studied.

2. Cardiovascular and Other Effects: No effect on the cardiovascular system is usually seen after the administration of inhaled salmeterol in recommended doses, but the cardiovascular and central nervous system effects seen with all sympathomimetic drugs (e.g., increased blood pressure, heart rate, excitement) can occur after use of SEREVENT Inhalation Aerosol and may require discontinuation of the drug. Salmeterol, like all sympathomimetic amines, should be used with caution in patients with cardiovascular disorders, especially coronary insufficiency, cardiac arrhythmias, and hypertension; in patients with convulsive disorders or thyrotoxicosis; and in patients who are unusually responsive to sympathomimetic amines.

As has been described with other beta-adrenergic agonist bronchodilators, clinically significant changes in systolic and/or diastolic blood pressure, pulse rate, and electrocardiograms have been seen infrequently in individual patients in controlled clinical studies with salmeterol.

3. Metabolic Effects: Doses of the related beta$_2$-adrenoceptor agonist albuterol, when administered intravenously, have been reported to aggravate preexisting diabetes mellitus and ketoacidosis. No effects on glucose have been seen with SEREVENT Inhalation Aerosol at recommended doses. Administration of beta$_2$-adrenoceptor agonists may cause a decrease in serum potassium, possibly through intracellular shunting, which has the potential to increase the likelihood of arrhythmias. The decrease is usually transient, not requiring supplementation.

Clinically significant changes in blood glucose and/or serum potassium were seen rarely during clinical studies with long-term administration of SEREVENT Inhalation Aerosol at recommended doses.

Information for Patients: See illustrated Patient's Instructions for Use. **SHAKE WELL BEFORE USING.**

It is important that patients understand how to use SEREVENT Inhalation Aerosol appropriately and how it should be used in relation to other asthma medications they are taking. Patients should be given the following information:

1. Shake well before using
2. The recommended dosage (two inhalations twice daily, morning and evening) should not be exceeded.
3. SEREVENT Inhalation Aerosol is not meant to relieve acute asthma symptoms and extra doses should not be used for that purpose. Acute symptoms should be treated with a short-acting, inhaled beta$_2$-agonist such as albuterol (the physician should provide the patient with such medication and instruct the patient in how it should be used).
4. The physician should be notified immediately if any of the following situations occur, which may be a sign of seriously worsening asthma.
- Decreasing effectiveness of short-acting, inhaled beta$_2$-agonists
- Need for more inhalations than usual of short-acting, inhaled beta$_2$-agonists
- Use of four or more inhalations per day of a short-acting beta$_2$-agonist for 2 or more days consecutively
- Use of more than one canister of a short-acting, inhaled beta$_2$-agonist in an 8-week period (i.e., canister with 200 inhalations)

5. SEREVENT Inhalation Aerosol should not be used as a substitute for oral or inhaled corticosteroids. The dosage of these medications should not be changed and they should not be stopped without consulting the physician, even if the patient feels better after initiating treatment with SEREVENT Inhalation Aerosol.
6. Patients should be cautioned regarding potential adverse cardiovascular effects, such as palpitations or chest pain, related to the use of additional beta$_2$-agonist.
7. In patients receiving SEREVENT Inhalation Aerosol, other inhaled medications should be used only as directed by the physician.
8. When using SEREVENT Inhalation Aerosol to prevent exercise-induced bronchospasm, patients should take the dose at least 30 to 60 minutes before exercise.

Drug Interactions: ***Short-Acting Beta-Agonists:*** In the two 3-month, repetitive-dose clinical trials (n=184), the mean daily need for additional beta$_2$-agonist use was 1 to 1½ inhalations per day, but some patients used more. Eight percent of patients used at least eight inhalations per day at least on one occasion. Six percent used 9 to 12 inhalations at least once. There were 15 patients (8%) who averaged over four inhalations per day. Four of these used an average of 8 to 11 inhalations per day. In these 15 patients there was no observed increase in frequency of cardiovascular adverse events. The safety of concomitant use of more than eight inhalations per day of short-acting beta$_2$-agonists with SEREVENT® (salmeterol xinafoate) Inhalation Aerosol has not been established. In 15 patients who experienced worsening of asthma while receiving SEREVENT Inhalation Aerosol, nebulized albuterol (one dose in most) led to improvement in FEV$_1$ and no increase in occurrence of cardiovascular adverse events.

Monoamine Oxidase Inhibitors and Tricyclic Antidepressants: Salmeterol should be administered with extreme caution to patients being treated with monoamine oxidase inhibitors or tricyclic antidepressants because the action of salmeterol on the vascular system may be potentiated by these agents.

Corticosteroids and Cromoglycate: In clinical trials inhaled corticosteroids and/or inhaled cromolyn sodium did not alter the safety profile of SEREVENT Inhalation Aerosol when administered concurrently.

Methylxanthines: The concurrent use of intravenous or orally administered methylxanthines (e.g., aminophylline or theophylline) by patients receiving SEREVENT Inhalation Aerosol has not been completely evaluated. In one clinical trial, patients receiving SEREVENT Inhalation Aerosol 42 mcg twice daily concurrently with a theophylline product had adverse event rates similar to those in 71 patients receiving SEREVENT Inhalation Aerosol without theophylline. Resting heart rates were slightly higher in the patients on theophylline but were little affected by SEREVENT Inhalation Aerosol therapy.

Carcinogenesis, Mutagenesis, Impairment of Fertility: In an 18-month oral carcinogenicity study in CD-mice, salmeterol xinafoate caused a dose-related increase in the incidence of smooth muscle hyperplasia, cystic glandular hyperplasia, leiomyomas of the uterus and a dose-related increase in the incidence of cysts in the ovaries. A higher incidence of leiomyosarcomas was not statistically significant; tumorigenic findings were observed at oral doses of 1.4 and 10 mg/kg, which gave 9 and 63 times, respectively, the human exposure based on rodent:human AUC comparisons.

Salmeterol caused a dose-related increase in the incidence of mesovarian leiomyomas and ovarian cysts in Sprague-Dawley rats in a 24-month inhalation/oral carcinogenicity study. Tumors were observed in rats receiving doses of 0.21 and 2.58 mg/kg per day (about 55 and 215 times the recommended clinical dose [mg/m^2]). These findings in rodents are similar to those reported previously for other beta-adrenergic agonist drugs. The relevance of these findings to humans is unknown.

No significant effects occurred in mice at 0.2 mg/kg (15 times the recommended clinical dose based on comparison of the AUCs) and in rats at 0.21 mg/kg (15 times the recommended clinical dose on a mg/m^2 basis).

Salmeterol xinafoate produced no detectable or reproducible increases in microbial and mammalian gene mutation in vitro. No clastogenic activity occurred in vitro in human lymphocytes or in vivo in a rat micronucleus test. No effects on fertility were identified in male and female rats treated orally with salmeterol xinafoate at doses up to 2 mg/kg/day orally (about 160 times the recommended clinical dose on a mg/m^2 basis).

Pregnancy: ***Teratogenic Effects: Pregnancy Category C***: No significant effects of maternal exposure to oral salmeterol xinafoate occurred in the rat at doses up to the equivalent of about 160 times the recommended clinical dose on a mg/m^2 basis. Dutch rabbit fetuses exposed to salmeterol xinafoate in utero exhibited effects characteristically resulting from beta-adrenoceptor stimulation; these included precocious eyelid openings, cleft palate, sternebral fusion, limb and paw malformations, and delayed ossification of the frontal cranial bone. No significant effects occurred at 0.6 mg/kg given orally (12 times the recommended clinical dose based on comparison of the AUCs).

New Zealand White rabbits were less sensitive since only delayed ossification of the frontal bones was seen at 1.4 mg/kg given orally (approximately 1,600 times the recommended clinical dose on a mg/m^2 basis). Extensive use of other beta-agonists has provided no evidence that these class effects in animals are relevant to use in humans. There are no adequate and well-controlled studies with SEREVENT Inhalation Aerosol in pregnant women. SEREVENT Inhalation Aerosol should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Use in Labor and Delivery: There are no well-controlled human studies that have investigated effects of salmeterol on preterm labor or labor at term. Because of the potential for beta-agonist interference with uterine contractility, use of SEREVENT Inhalation Aerosol during labor should be restricted to those patients in whom the benefits clearly outweigh the risks.

Nursing Mothers: Plasma levels of salmeterol after inhalation therapeutic doses are very low (85 to 200 pg/mL) in humans. In lactating rats dosed with radiolabeled salmeterol, levels of radioactivity were similar in plasma and milk. In rats, concentrations of salmeterol in plasma and milk were similar. The xinafoate moiety is also transferred to milk in rats at concentrations of about half the corresponding level in plasma. However, since there is no experience with use of SEREVENT Inhalation Aerosol by nursing mothers, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother. Caution should be exercised when salmeterol xinafoate is administered to a nursing woman.

Pediatric Use: The safety and effectiveness of SEREVENT Inhalation Aerosol in children younger than 12 years of age have not been established.

Geriatric Use: Of the total number of patients who received SEREVENT Inhalation Aerosol in all clinical studies, 2% were 65 years and older. Geriatric patients (65 years and older) with reversible obstructive airway disease were evaluated in two well-controlled studies of 3 weeks' to 3 months' duration in placebo-controlled, crossover studies evaluated twice-daily dosing with salmeterol for 21 to 28 days in 45 patients. An additional 75 geriatric patients were treated with salmeterol for 3 months in two large parallel-group, multicenter studies. These 120 patients experienced increases in AM and PM peak expiratory flow rate and decreases in diurnal variation in peak expiratory flow rate similar to responses seen in the total

ulations of the two latter studies. The adverse event type and frequency in geriatric patients e not different from those of the total populations studied
No apparent differences in the efficacy and safety of SEREVENT® (salmeterol xinafoate) alation Aerosol were observed when geriatric patients were compared with younger patients inical trials. As with other beta$_2$-agonists, however, special caution should be observed n using SEREVENT Inhalation Aerosol in elderly patients who have concomitant cardiovas- r disease that could be adversely affected by this class of drug. Based on available data, no stment of salmeterol dosage in geriatric patients is warranted.

ERSE REACTIONS: Adverse reactions to salmeterol are similar in nature to reactions to r selective beta$_2$-adrenoceptor agonists, i.e., tachycardia, palpitations, immediate hypersen- ity reactions, including urticaria, angioedema, rash, bronchospasm (see WARNINGS), dache, tremor; nervousness; and paradoxical bronchospasm (see WARNINGS)

Two multicenter, 12-week, controlled studies have evaluated twice-daily doses of EVENT Inhalation Aerosol in patients 12 years of age and older with asthma. The following e reports the incidence of adverse events in these two studies.

Adverse Experience Incidence
In Two Large 12-Week Clinical Trials*

Adverse Event Type	Percent of Patients		
	Placebo n=187	SEREVENT 42 mcg b.i.d. n=184	Albuterol 180 mcg q.i.d. n=185
Ear, nose, and throat			
Upper respiratory tract infection	13	14	16*
Nasopharyngitis	12	14	11
Disease of nasal cavity/sinus	4	6	1
Sinus headache	2	4	<1
Gastrointestinal			
Stomachache	0	4	0
Neurological			
Headache	23	28	27
Tremor	2	4	3
Respiratory			
Cough	6	7	3
Lower respiratory infection	2	4	2

only adverse experience classified as serious was one case of upper respiratory tract tion in a patient treated with albuterol.

he table above includes all events (whether considered drug related or nondrug related by vestigator) that occurred at a rate of over 3% in the SEREVENT Inhalation Aerosol treat- group and were more common in the SEREVENT Inhalation Aerosol group than in the bo group.
haryngitis, allergic rhinitis, dizziness/giddiness, and influenza occurred at 3% or more but equally common on placebo. Other events occurring in the SEREVENT Inhalation Aerosol ment group at a frequency of 1% to 3% were as follows:
Cardiovascular: Tachycardia, palpitations.
Ear, Nose, and Throat: Rhinitis, laryngitis.
Gastrointestinal: Nausea, viral gastroenteritis, nausea and vomiting, diarrhea, minal pain.
Hypersensitivity: Urticaria
Mouth and Teeth: Dental pain.
Musculoskeletal: Pain in joint, back pain, muscle cramp/contraction, myalgia/myositis, ular soreness.
Neurological: Nervousness, malaise/fatigue.
Respiratory: Tracheitis/bronchitis.
Skin: Rash/skin eruption.
Urogenital: Dysmenorrhea.
small dose-response studies, tremor, nervousness, and palpitations appeared to be related.

narketing Experience: In extensive US and worldwide postmarketing experience, serious rbations of asthma, including some that have been fatal, have been reported. In most , these have occurred in patients with severe asthma and/or in some patients in whom ıa has been acutely deteriorating (see WARNINGS no. 1), but they have occurred in a few nts with less severe asthma as well. It was not possible from these reports to determine ıer SEREVENT Inhalation Aerosol contributed to these events or simply failed to relieve eteriorating asthma.
ostmarketing experience includes rare reports of upper airway symptoms of laryngeal n, irritation, or swelling, such as stridor and choking. Hypertension and arrhythmias have reported.

DOSAGE: Overdosage with salmeterol may be expected to result in exaggeration of the macologic adverse effects associated with beta-adrenoceptor agonists, including tachycar- d/or arrhythmia, tremor, headache, and muscle cramps. Overdosage with salmeterol can o clinically significant prolongation of the QTc interval, which can produce ventricular hmias. Other signs of overdosage may include hypokalemia and hyperglycemia.
these cases, therapy with SEREVENT Inhalation Aerosol and all beta-adrenergic–stimulant should be stopped, supportive therapy provided, and judicious use of a beta-adrenergic ng agent should be considered, bearing in mind the possibility that such agents can pro- bronchospasm. Cardiac monitoring is recommended in cases of overdosage.
with all sympathomimetic pressurized aerosol medications, cardiac arrest and even may be associated with abuse of SEREVENT Inhalation Aerosol.
ats and dogs survived the maximum practicable inhalation doses of salmeterol of 2.9 and g/kg, respectively. The maximum nonlethal oral doses in mice and rats were approxi- y 150 mg/kg and >1,000 mg/kg, respectively.
alysis is not appropriate treatment for overdosage of SEREVENT Inhalation Aerosol.

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March 1997

Why does a mere cold make you feel so crummy?

Scientists have learned that the immune system, while trying to communicate with different cell types scattered throughout the body, sends out chemical messengers that travel through the bloodstream and lymphatic fluid. The ones that make us feel lousiest when we have a cold are the interleukin-1 (IL-1) messengers. Their primary job is to signal that we're sick, but they can also influence the brain: IL-1 makes the usual 98.6°F. set point of your body's temperature shift upward, causing you to run a slight fever. IL-1 also triggers a hormonal stress response that initiates a cascade of signals to prepare us for an emergency—which includes shutting down the appetite. IL-1 also causes sleepiness.



As if all those nasty symptoms weren't enough, IL-1 sensitizes you to pain by stimulating the body's nerve pathways, so your joints hurt and your eyes throb, even when it's "just a cold."

Why do some women have heavier periods than others?

The amount of bleeding is generally determined by the surface area and thickness of the uterine lining, which is completely shed during menstruation. So, the larger the uterus, the more extensive the bleeding. The longer the uterine lining is exposed to hormones—as happens with healthy younger women or women taking estrogen—the thicker it becomes. Women who don't menstruate monthly (due to excessive stress, say, or rigorous dieting or exercise) are particularly prone to heavy bleeding, because their uterine linings are exposed even longer to estrogen.

Fibroid tumors can make the existing blood flow heavier. When a woman menstruates, blood vessels open until muscles contract to seal them. Fibroids can keep them from sealing off completely.

PHOTO: H. ARMSTRONG ROBERTS



Why do we get adult acne, even if we didn't have it as teens?



The two types of acne can be unrelated, say dermatologists. So having one may not change your chances of getting the other. Adult acne is most common in women in their early twenties to mid-forties. "Anything that makes the hormonal status change can make acne flare up," says Marianne O'Donoghue, M.D., associate professor of dermatology at Rush–Presbyterian-St. Luke's Medical Center, in Chicago. Hormones fluctuate naturally with each monthly cycle and during early pregnancy. Starting or going off birth control pills can also cause breakouts, as can emotional stress, diet, and pore-clogging cosmetics.

Adult acne can be resistant to over-the-counter treatments, but dermatologists say it will probably clear up with antibiotics.

How does sunscreen work to protect your skin?

Two types of sunscreens can shield you from the sun's damaging rays. Physical sunscreens, such as the brightly colored zinc oxides favored by beach volleyball players, simply act as a protective barrier between you and the sun. Chemical sunscreens, the more commonly used variety, contain ingredients that absorb UVA and UVB light before it can penetrate the skin, or they reflect the light away from the skin. Sunscreens are regulated by the Food and Drug Administration, so claims on their labels must be accurate. Dermatologists recommend using broad-spectrum sunscreens, which protect against both UVA and UVB rays, with an SPF of 15 or higher. They also suggest waterproof sunscreens, which must be able to protect the skin even after eighty minutes immersed in water. Experts recommend putting on lotion twenty minutes before going outdoors, and reapplying it every two hours.

Can stress make hair fall out?

Common daily stress can't make you lose your locks, experts agree. But less is known about hair loss and major life stress, such as a death in the family. In some conditions, such as alopecia areata (sudden, and sometimes total, hair loss), studies have shown that 20 to 25 percent of patients had a major life stress about one to six months before their hair started coming out, says Susan Scott, M.D., a plastic surgeon on the board of directors for the American Hair Loss Council, in Chicago.

Reporting by Amy Gunderson, Erica Lumière, Elizabeth Meyers, Anne Roufos and Christine Urgola.

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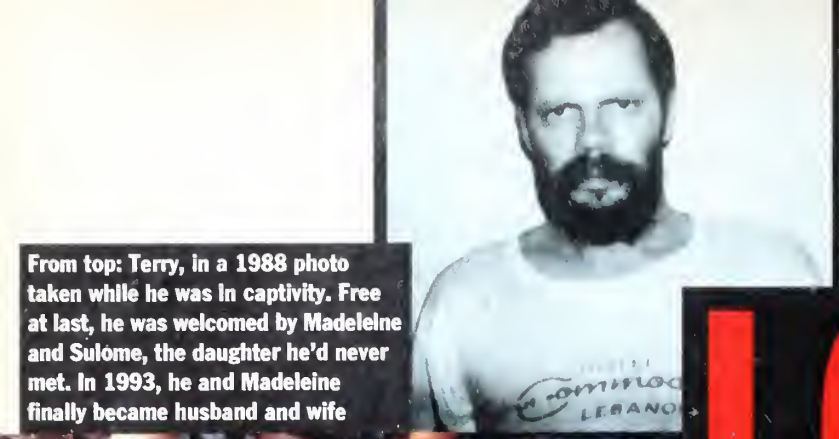
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From top: Terry, in a 1988 photo taken while he was in captivity. Free at last, he was welcomed by Madeleine and Sulome, the daughter he'd never met. In 1993, he and Madeleine finally became husband and wife





THE LONG ROAD HOME

When he was freed after almost seven years as a hostage in Beirut, Terry Anderson and his wife, Madeleine, thought their ordeal was over. It wasn't

By Kathryn Casey

It was a moment the world had waited for. On December 4, 1991, in the living room of the U.S. Ambassador's residence in Syria, Terry Anderson, America's longest-held hostage, fell into the arms of Madeleine Bassil, his fiancée, as the flashbulbs popped. "Don't ever leave me again," Madeleine whispered, crying.

"It's over, it's over," he reassured her. The couple's six-and-a-half-year-old daughter, Sulome—who was born during Terry's imprisonment—waited nearby to greet the father she had never met.

It seemed a storybook ending. But today, five and a half years later, the Andersons admit that Terry's release from captivity in Beirut was just the beginning of a long family journey. "For the first two years I felt we were in a movie, that things weren't real," says Madeleine, forty-seven. "We had many things to work through. Sometimes, I didn't know if we'd make it."

Sitting beside her in the dining room of their rambling colonial in Westchester County, New York, Terry, forty-nine, puts his hand over hers and nods in agreement.

"Even after his release, I was angry at Terry. Many times, I yelled at him, 'How could you let this happen?'" says Madeleine. "He'd say, 'I know. I know.' Then we'd cry."

Kidnapped!

The Andersons' ordeal began in 1985, as the war raged in Beirut. Terry, chief Middle East correspondent for the Associated Press, and Madeleine, a native of Lebanon and a researcher for NBC *(continued)*



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THE LONG ROAD HOME

Continued

News, had met a year earlier and fallen in love. To their great joy, Madeleine—who had believed she could never have children—became pregnant with their child. The couple planned on being married once Terry's divorce from his first wife, Mickey, was finalized.

Although they remember those days as happy ones, Madeleine admits she feared for Terry's safety. During the previous year in Lebanon, several Westerners had been kidnapped. "I told him, 'Don't speak English,'" she remembers. "'Don't let them know you're American.' He'd say, 'Oh, you exaggerate.'"

When a mysterious car trailed Terry on March 15, 1985, he didn't tell Madeleine. But at eight the following morning, as he was driving home from a tennis match, a green Mercedes roared up beside him. Three young men jumped out and pulled at the door of his car.

"Get out. I will shoot," one of the men ordered, brandishing a gun. Terry had no choice but to comply.

For almost seven years he was held hostage, blindfolded and chained to the walls of one cold, dark cellar prison after another. He was badly beaten by his Shiite captors, and he wondered if they'd kill him. To retain his sanity, he practiced mental exercises. He also re-examined his life and grew closer to his Catholic roots, reading the Bible given to him by his captors and praying with a rosary he'd fashioned from Arabic worry beads.

Meanwhile, a distraught Madeleine, reeling from Terry's disappearance, joined the Anderson family in upstate New York for six months, where she gave birth to Sulome. With some financial help from the Associated Press, she later returned to the Middle East with her infant daughter, settling in Cyprus to be closer to Terry. Haunted by guilt that her own countrymen were responsible for the kidnapping, she would sometimes rail at her absent fiancé for not heeding her warnings.

Madeleine quickly discovered that Terry had become the victim not only of the kidnappers but of volatile Middle East politics. His Shiite captors wanted to trade his freedom—and that of the fifteen other Western hostages—for the release of their compatriots from an Iranian prison. The U.S. and other countries officially refused to negotiate with terrorists but carried on some negotiations behind the scenes.

"I was not exactl
I came home," say
to uncover some o

As the years passed and Sulome grew, Madeleine tried to make Terry a part of their daughter's life. When, at age three, Sulome asked why her

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father wasn't living with them, Madeleine tried to explain. "I told her that some bad men had taken her father, that they did it for a cause they believed in," she says. "And I told her that someday he would come home. We prayed every night for him."

To make the situation even more painful, Terry's family couldn't agree how to best fight for his release. Madeleine refused interviews, not wanting to give his captors the satisfaction of seeing her suffer. But in the U.S., Peggy Say, Terry's older sister, mounted a very public crusade, imploring everyone from Yasir Arafat to Mother Teresa to then-president George Bush to work for her brother's release.

Even today, Madeleine questions her sister-in-law's tactics. She believes that singling Terry out from the other hostages made him more valuable to his captors. Terry disagrees. "These were not nice people. After they found out they weren't going to get anything for us, they could have shot us in the head. . . . Why didn't they? Because they didn't want to look bad," he says, implying the spotlight his sister shone on the hostages may have kept them alive.

Finally, in 1991, word filtered through diplomatic channels that negotiations for Terry's release were improving. That December, Madeleine was called to Damascus with Sulome for the long-anticipated reunion. "I was so scared, shaking inside. I planned what I would say [to Terry]," she says, frowning. "Sometimes, I thought I would slap his face for letting it happen."

Instead, the instant she saw him, she walked quickly into his arms.

A difficult homecoming

"We were happy; Terry was home," Madeleine says with a weary smile. "But emotions had not developed. It was very complicated."

The couple flew with Sulome to the Caribbean island of Antigua for a vacation. Realizing they'd need help bridging the gap of so many years apart, Madeleine arranged through the Associated Press to have two psychiatrists accompany them.

"I was not exactly undamaged when I came home," says Terry. "It took a while to uncover some of that damage."

Although he refuses to discuss the details, Terry says his problems were the kinds of things "you talk about only with your psychiatrist or your priest." Yet he freely admits to lingering behaviors from his years as a hostage—like his penchant for pacing when he thinks and his nights of fitful sleep *(continued on page 84)*

undamaged when Terry. "It took a while that damage."



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In fact, in tests conducted by allergists, drowsiness in people who took Allegra was similar to placebo (sugar pill), 1.3% vs 0.9%. The most commonly reported adverse experiences for Allegra and placebo are cold or flu (2.5% vs 1.5%), nausea (1.6% vs 1.5%), and menstrual pain (1.5% vs 0.3%).

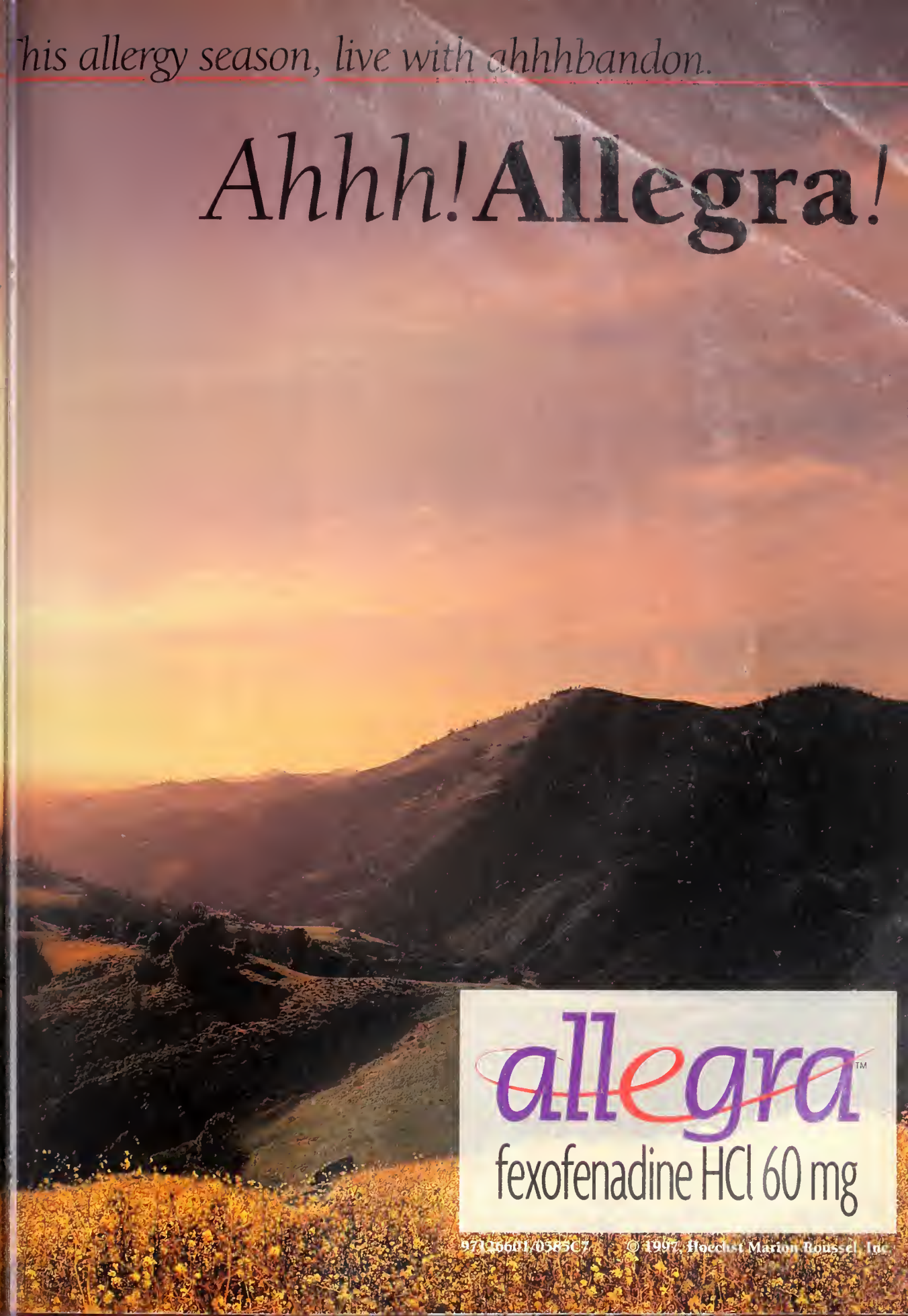
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Brief Summary of
Prescribing Information as of October 1996

ALLEGRA™
(fexofenadine hydrochloride) Capsules
60 mg

INDICATIONS AND USAGE
ALLEGRA™ is indicated for the relief of symptoms associated with seasonal allergic rhinitis in adults and children 12 years of age and older. Symptoms treated effectively include sneezing, rhinorrhea, itchy nose/palate/throat, itchy/watery/red eyes.

CONTRAINDICATIONS
ALLEGRA™ is contraindicated in patients with known hypersensitivity to any of its ingredients.

PRECAUTIONS

Drug Interactions
In two separate studies, fexofenadine hydrochloride 120 mg twice daily (twice the recommended dose) was co-administered with erythromycin 500 mg every 8 hours or ketoconazole 400 mg once daily under steady-state conditions to normal, healthy volunteers (n=24, each study). No differences in adverse events or QTc interval were observed when subjects were administered fexofenadine hydrochloride alone or in combination with erythromycin or ketoconazole. The findings of these studies are summarized in the following table:

Effects on Steady-State Fexofenadine Pharmacokinetics After 7 Days of Co-Administration with Fexofenadine Hydrochloride 120 mg Every 12 Hours (twice recommended dose) In Normal Volunteers (n=24)

Concomitant Drug	$C_{max\,ss}$ *(Peak plasma concentration)*	$AUC_{ss}(0\text{-}12h)$ *(Extent of systemic exposure)*
Erythromycin (500 mg every 8 hrs)	+82%	+109%
Ketoconazole (400 mg once daily)	+135%	+164%

The mechanisms of these interactions are unknown, and the potential for interaction with other azole antifungal or macrolide agents has not been studied. These changes in plasma levels were within the range of plasma levels achieved in adequate and well-controlled clinical trials. Fexofenadine had no effect on the pharmacokinetics of erythromycin or ketoconazole.

Carcinogenesis, Mutagenesis, Impairment of Fertility
The carcinogenic potential and reproductive toxicity of fexofenadine hydrochloride were assessed using terfenadine studies with adequate fexofenadine exposure (based on plasma area-under-the-curve [AUC] values). No evidence of carcinogenicity was observed when mice and rats were given daily oral doses of 50 and 150 mg/kg of terfenadine for 18 and 24 months, respectively; these doses resulted in plasma AUC values of fexofenadine that were up to four times the human therapeutic value (based on a 60-mg twice-daily fexofenadine hydrochloride dose).
In in-vitro (Bacterial Reverse Mutation, CHO/HGPRT Forward Mutation, and Rat Lymphocyte Chromosomal Aberration assays) and in-vivo (Mouse Bone Marrow Micronucleus assay) tests, fexofenadine hydrochloride revealed no evidence of mutagenicity.
In rat fertility studies, dose-related reductions in implants and increases in postimplantation losses were observed at oral doses equal to or greater than 150 mg/kg of terfenadine; these doses produced plasma AUC values of fexofenadine that were equal to or greater than three times the human therapeutic value (based on a 60-mg twice-daily fexofenadine hydrochloride dose).

Pregnancy
Teratogenic Effects: **Category C**. There was no evidence of teratogenicity in rats or rabbits at oral terfenadine doses up to 300 mg/kg, these doses produced fexofenadine plasma AUC values that were up to 4 and 37 times the human therapeutic value (based on a 60-mg twice-daily fexofenadine hydrochloride dose), respectively.
There are no adequate and well-controlled studies in pregnant women. Fexofenadine hydrochloride should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.
Nonteratogenic Effects. Dose-related decreases in pup weight gain and survival were observed in rats exposed to oral doses equal to and greater than 150 mg/kg of terfenadine, at these doses the plasma AUC values of fexofenadine were equal to or greater than 3 times the human therapeutic values (based on a 60-mg twice-daily fexofenadine hydrochloride dose).

Nursing Mothers
There are no adequate and well-controlled studies in women during lactation. Because many drugs are excreted in human milk, caution should be exercised when fexofenadine hydrochloride is administered to a nursing woman.

Pediatric Use
Safety and effectiveness of ALLEGRA™ in pediatric patients under the age of 12 years have not been established. Across well-controlled clinical trials in patients with seasonal allergic rhinitis, a total of 205 patients between the ages of 12 to 16 years received doses ranging from 20 mg to 240 mg twice daily for up to two weeks. Adverse events were similar in this group compared to patients above the age of 16 years.

Geriatric Use
In placebo-controlled trials, 42 patients, age 60 to 68 years, received doses of 20 mg to 240 mg of fexofenadine twice daily for up to two weeks. Adverse events were similar in this group to patients under age 60 years.

ADVERSE REACTIONS
In placebo-controlled clinical trials, which included 2461 patients receiving fexofenadine hydrochloride at doses of 20 mg to 240 mg twice daily, adverse events were similar in fexofenadine hydrochloride and placebo-treated patients. The incidence of adverse events, including drowsiness, was not dose related and was similar across subgroups defined by age, gender, and race. The percent of patients who withdrew prematurely because of adverse events was 2.2% with fexofenadine hydrochloride vs. 3.3% with placebo. All adverse events that were reported by greater than 1% of patients who received the recommended daily dose of fexofenadine hydrochloride (60 mg twice-daily), and that were more common with fexofenadine than placebo, are listed in the following table:

Adverse Experiences Reported In Placebo-Controlled Seasonal Allergic Rhinitis Clinical Trials at Rates of Greater Than 1%

Adverse Experience	*Fexofenadine 60 mg Twice Daily (n=679)*	*Placebo Twice Daily (n=671)*
Viral Infection (cold, flu)	2.5%	1.5%
Nausea	1.6%	1.5%
Dysmenorrhea	1.5%	0.3%
Drowsiness	1.3%	0.9%
Dyspepsia	1.3%	0.6%
Fatigue	1.3%	0.9%

Adverse events occurring in greater than 1% of fexofenadine hydrochloride-treated patients (60 mg twice daily), but that were more common in the placebo-treated group, include headache and throat irritation. The frequency and magnitude of laboratory abnormalities were similar in fexofenadine hydrochloride and placebo-treated patients.

Prescribing Information as of October 1996

Hoechst Marion Roussel, Inc
Kansas City, MO 64137 USA 97126601/0585C7

US Patents 4,254,129, 5,375,693 allb1096a

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THE LONG ROAD HOME

Continued from page 81

interrupted by even the smallest noise.

He also felt uneasy about his sudden fame. "Everybody seemed to want something from me," he says. "When you do that with five hundred people a day, it sucks you dry. You've only got so much to give."

One person who may have expected more than he could deliver was Peggy Say, the sister who'd championed his cause for so long. Within a year after Terry's release, Say was quoted in a magazine as being disappointed with the place she had in her newly freed brother's life. "My sacrifices created an emotional debt he couldn't ever pay," she said. Today, Terry says that chasm was exaggerated by the press. "We see each other," he says. "We have a good relationship."

Madeleine admits that she and her sister-in-law have not been as quick to mend the family ties. "I don't see her or talk to her," Madeleine says. "I feel more comfortable with it that way."

Instead, she focused all of her attention on Terry as he struggled to adjust to freedom and family life. After years of being forced to suppress his feelings to survive, "I had problems with the volume control on my emotions for a very long time," Terry admits. "I either had it turned down [bottling them up] or unadjusted [letting everything spill out].

"Madeleine and I are both strong-minded people. We had to learn it was all right to argue," he adds.

Nor did they find it easy to talk about all those years apart—especially Terry's captivity. The revelations about what had happened to him came slowly. "We'd be in the car, flying on a plane, and we'd suddenly talk about things," says Madeleine. "Then we'd both cry."

But it was only when she read Terry's portion of a best-selling book they wrote together—*Den of Lions* (Crown, 1993)—that she learned the true horror of what he had endured. "The guards have gotten real ugly. . . . They seem to enjoy this a mosphere of anger and hatred," wrote on one occasion. "The physi surroundings, dark, wet, and dir seem to contribute. The guards a ready to use the smallest excuse start the beatings again. . . ."

But as much trouble as Madelei and Terry were having trying to co with the many changes in their liv the challenge was even greater f their daughter. Sulome both w comed her father home and resent his role as a disciplinarian. At tim she would cry, telling her moth that he was too strict, once even so bing that she wished he had nev come home.


Today, Anders cherish day to

In time, however, the fathe daughter relationship blossome "Sulome is a sweet child . . bright," Terry says proudly. "She's lot like me."

In the years since his release, Te ry has also reconnected with h daughter from his first marriage Gabrielle, twenty-one, who atten college in England. "She's turned o well, a fine person," says her fathe who E-mails her often.

By late 1992, their relationsh solid, Terry and Madeleine boug their home in New York. It w there, in April 1993, that they we married. Sulome was her mothe bridesmaid. "When Terry *(continue*



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THE LONG ROAD HOME

Continued

was saying his vows, I began crying," says Madeleine, blotting a tear. "And then I looked over and Sulome was crying, too."

Looking back, Madeleine believes it might have been yet another roadblock they had to cross before they could really become a family. "I think it was then Sulome realized this was real," she says. "It was like, He's not going to leave anymore."

Building a new life

In retrospect, Terry says some good has come from his years in captivity. "Living through that, you grow. You have to. We have a very, very strong relationship," he says. "Would we be as strong if those things hadn't happened? I don't know."

For one thing, the Andersons say they have learned patience, an attribute neither claimed before Terry's long wait for freedom. In addition, Terry feels those years helped him reprioritize his life. "I'm not so concerned about any one job," he says. "Before, I was wrapped up in it."

In 1992, after seventeen years on the payroll at the Associated Press, he left the adrenaline-charged life of a chief correspondent. Currently, he teaches graduate journalism classes at Columbia University and writes a weekly syndicated newspaper column for King Features. He also does public speaking, mainly at college campuses across the country.

While he tries to steer the questions away from his imprisonment, he admits it's those years the students seem most curious about. "I don't like to talk about that too much anymore," says Terry. "Being chained in someone's basement is not my peak achievement."

When he's not on the road, Terry is busy taking on a new foe: the U.S. government. In 1994, he filed a lawsuit against the CIA and other government agencies demanding the release of documents about his imprisonment. "After all, they ... concern me," he says indignan... Although he insists he doesn't wa... to expose any national security s... sues, Terry says much of what ... has obtained from the governm... thus far has no reason to be stamp... "top secret." "It's all crap," he say...

His real reason for wanting ... documents, Terry says, is to aid ... cussion on how the government a... ed in his situation and how politi... kidnappings should be treated in ... future. "In order to form answers, ... need to know more about the his... ry," he points out.

As the years have passed, Te... has become determined not to ... fear impede him. Last year, he ... turned to the scene of his kidna... ping, standing on a Beirut str... corner to film a CNN documenta... *Lebanon: A Return to the Lion's D...* which aired in December. "I want ... to go back, to get rid of that last ... striction on my life," he explains.

One thing he didn't do while ... Beirut was to seek out and confr... his captors. He insists that he h... worked through the anger he felt ... ward those who imprisoned him. ... couldn't have it in my life," he sa... quietly. "I'm a Christian, and th... means I forgive."

Yet Madeleine readily admits s... resents the impact those years had ... their lives, depriving them not on... of time but of important opportu... ties. Soon after Terry's release, t... couple tried to have more childre... But Madeleine miscarried twic... "They robbed us of that," she s... sadly. "Now it will never happen."

"We would have liked more ki... that's true," Terry agrees. "But I ... rather not think about what I lo... I'm happy with my life, so happy I ... a little scared. For nearly seven yea... I used to wake up thinking I couldn... get through another day, and n... particularly wanting to. [Since co... ing home] I can't remember waki... up to a single day that I wasn't loo... ing forward to." •

Kathryn Casey is a contributing editor of Ladies' Home Journal.

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Avoiding Vacation Pitfalls



Traveling with another family? Plan your trip before you pack your bags

Vacationing with another family may promise big savings on the cost of accommodations, and provide everyone with immediate golf partners or beach buddies. But what seems ideal for combined family fun on the road can turn into a disaster if expectations are not discussed beforehand, says Carl Mumpower, Ph.D., a family psychologist in Asheville, North Carolina. He offers these tips to help tackle the sticky situations that are bound to arise:

Compare your vacation styles. If one family likes to plan activities from dawn to dusk, but the other sleeps until noon, serious tension can result. Before you book your trip, discuss how you want to spend time, and decide if you can work around each others' preferences.

Spend time apart. Even if your schedules match, it's a good idea to do some things separately. Each family might want to take their own day trips, or each couple may agree to watch all the kids one night to give the other couple an evening out alone.

Voice your concerns. Bite your tongue over small disagreements, but if a major issue arises—about money, say, or discipline styles—the two adults who are closest should talk alone. Never let anger build; seething will just ruin the vacation for all. —Heather Moors Johnson

COPING WITH HIS CAREER CRISIS

Whether he didn't get the promotion or lost his job, your husband's career woes can be tough on both of you. "He ultimately has to take responsibility for his own problems," says Beth Erickson, Ph.D., a marriage and family therapist in Santa Fe, New Mexico, "but you can help by being supportive." Here's how:

- **Accept his feelings.** Don't expect him to react the way you would if you were in his situation.
- **Follow his lead.** Don't try to help him with his résumé or a letter unless he asks.
- **Know when to get help.** If he's confused about his options, a career counselor may be able to advise him. But if his crisis takes a toll on your marriage, you might want to see a family therapist together.

—Arricca Elin SanSone

DRINK UP!

When your kids work up a sweat on a hot summer day, they need to drink fluids, and plenty of them. Children's body temperature rises faster than adults', making them more prone to heat-related illnesses like cramps, heat stroke and exhaustion, says Oded Bar-Or, M.D., director of the Children's Exercise and Nutrition Centre at McMaster University, in Hamilton, Ontario. The amount of fluid your kids need depends on their sizes and fitness levels, but they should always drink a bit more than what they need to satisfy their thirst. Here are some guidelines. —Erica Lumière

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The Simpsons are "Doh"-kay

Even before the tiny icons started appearing on the top left-hand corner of television screens this past January, the TV industry's self-imposed ratings system drew much negative feedback. The age-based ratings are vague and inconsistent, say critics: One group found that more than 60 percent of programming is rated PG, clumping wholesome family dramas like *Promised Land* with the gory sci-fi thriller *The X-Files*. Instead, many favor a content-based system that would give parents more specific information from which to decide what's best for their kids.

In the meantime, there's help for confused adults. **The Family Guide to Prime Time Television** (800-314-8433; $4.95) provides summaries describing sexual content, language and violence. For example, *Home Improvement* is praised for its "positive role models," while *Friends* is criticized because of "explicitly sexual content" and "vulgar language." Periodicals such as **Parents' Choice** (617-965-5913; $20/year) and **Better Viewing** (800-216-2225; $9.97/year) also indicate kid-friendly shows. —Anna Roufos



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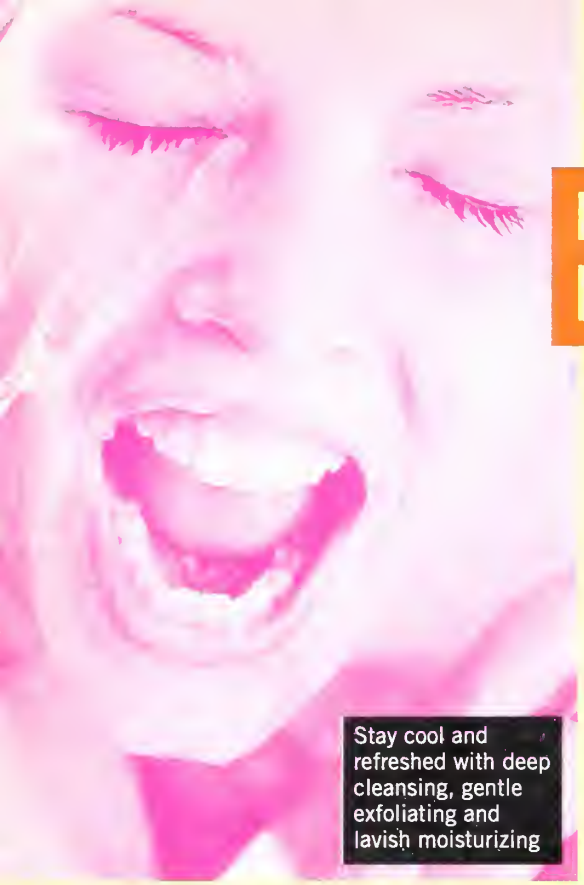
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Sensitive skin: Look for products that are hypoallergenic and fragrance-free.

Prone to breakouts: Try a noncomedogenic sunscreen in a light, oil-free lotion or gel formu to prevent clogging of pores.

Summer sports enthusiasts: Should use a water-proof formula designed to last at least the duration of your swim.

Headed for the beach: You'll be best off with a non-sticky lotion that won't attract sand.

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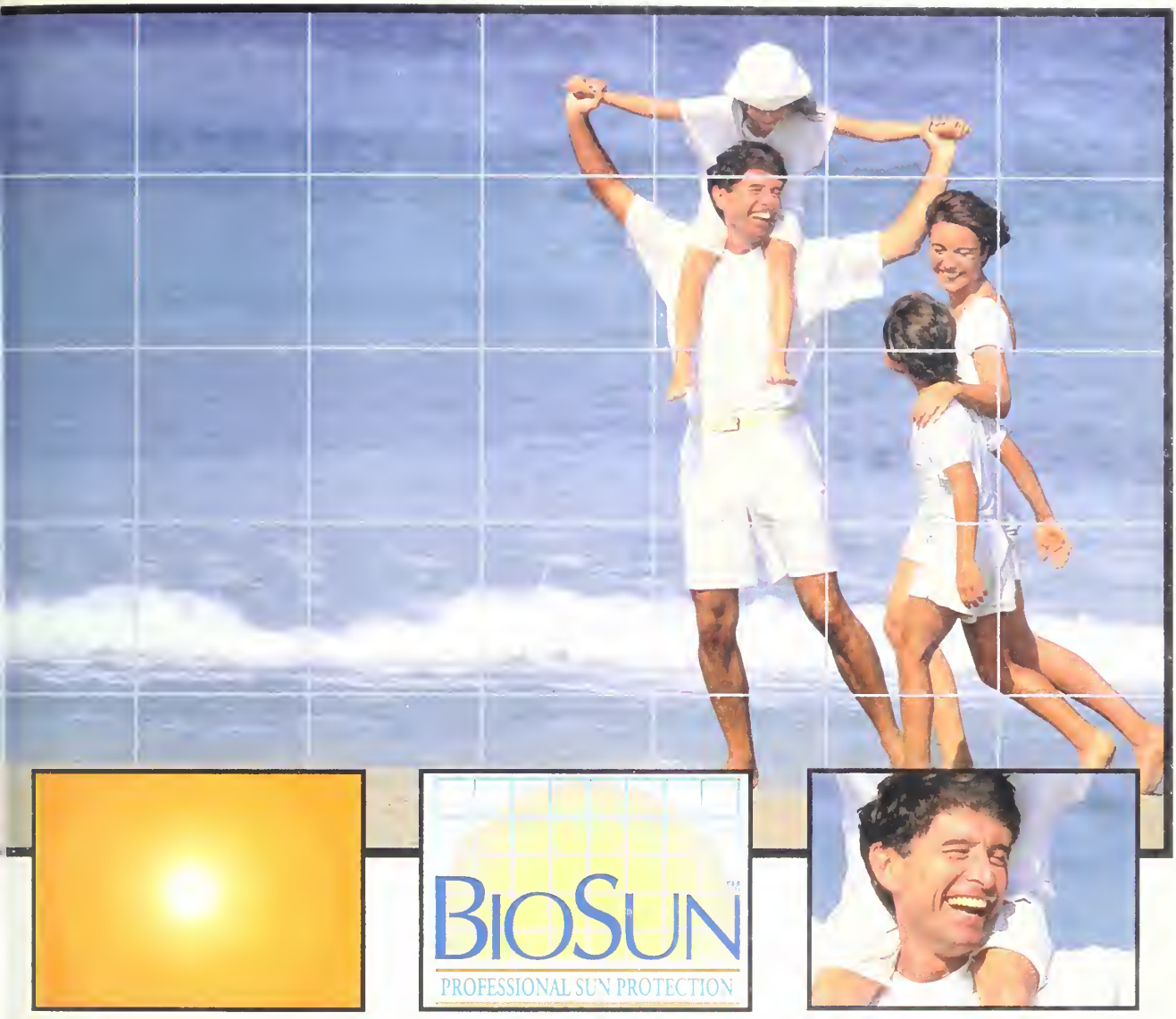
2 Make a Switch

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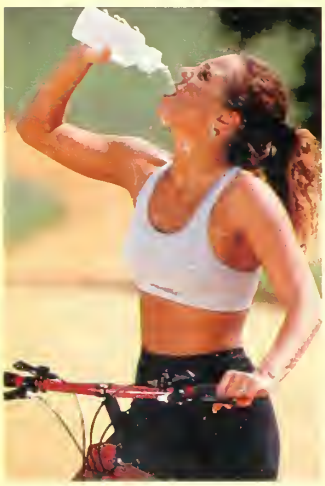
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With a little advance planning, you'll be fit and healthy all summer long.

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When you're feeling jumpy or anxious, especially around your period, a brisk walk on a sunny day may be just the thing to calm you down. Moderate exercise triggers your brain to produce feel-good chemicals, and sunlight has also been proven to have a mood-elevating effect. When it comes to exercising outdoors, tampons offer comfortable, long-lasting protection and make it easier to participate in active summer sports.



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Remembering Krissy

My daughter's life and modeling career were blossoming when she was suddenly taken from us. Now, I want other parents to learn from our tragedy

By Barbara Taylor, as told to Shana Aborn

A couple of times a week, I drive to Markham Park, in suburban Fort Lauderdale, Florida, and visit the Royal Poinciana tree my family and I planted in memory of my daughter Krissy. She died two years ago this month, but I feel her presence in little ways all the time, especially here. On Mother's Day last year, the tree sprouted two beautiful scarlet blossoms that hadn't been there two days earlier. I think that was Krissy's gift to me.

Because Krissy was so young—seventeen—and because she had been a successful model like her sister Niki, the press had a heyday when the news of her sudden death broke. International tabloids speculated that she must have either been on drugs or emaciated by an eating disorder. Those false reports just made our heartache even worse. I'm sharing my story here in order to honor Krissy's memory, to tell the truth about what happened to her—and to alert other parents to a medical danger of which they may be unaware.

My husband, Ken, a retired Florida highway patrolman, and I have been married for thirty years. We always remind people that we had three daughters, because so much attention has been paid to the two famous ones. Joelle (Joie), is now twenty-six, Nicole (Niki) is twenty-two and Kristen would have been nineteen in May.

Joie was the leader of the three; Niki was the adventurous one. But Krissy was my homebody. She loved being with her friends, line dancing or just listening to country music. Joie and Krissy would talk for hours and go out to dinner together several times a week. "I don't think I've ever laughed with anyone as much as I have with Krissy," Joie has said.

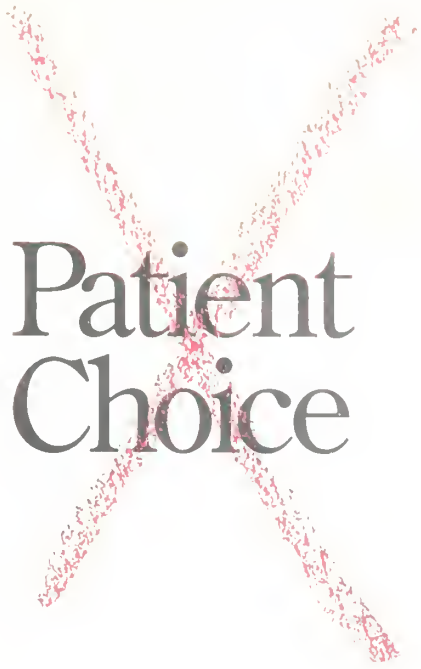
Niki was intrigued by modeling at a young age, and we started sending pictures of her to agencies when she was thirteen. By the time she was sixteen, she had a makeup contract. At one point, we took the other two girls to a photo shoot and had them sit for pictures so they could see what their sister's career was all about. Joie didn't like having her hair and face done, but Krissy thought it was fun, and she started getting modeling jobs soon after that. Joie later became Niki's assistant.

In 1992, Niki and Krissy were chosen to appear together *(continued)*



Krissy led cheers with her sisters and modeled with Niki





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on the cover of *Seventeen* magazine, and Krissy really came into her own as a model. Ken and I stayed involved in their lives by going with them to the shoots. We never worried that sudden fame would drive our daughters to drugs or anorexia. They were never into that. Krissy loved mashed potatoes, cheese fries and chicken fingers, and she never dieted; her young metabolism was simply good enough to let her indulge in her favorite foods.



The Taylors visit Krissy's tree often and keep mementos of her close by



Krissy hadn't decided whether to model after finishing high school. Both she and Niki used to talk about working with animals or going into clothing design, and like her sisters, Krissy also hoped to marry young and start a family right away. Everything seemed possible for her.

A medical mystery

July 1, 1995, was a typical day for us. Niki, Krissy and Ken went to a ball game that night; Niki and Ken had a bite to eat and then went their separate ways. Krissy, who had driven her own truck, ran an errand and came home a short time later.

Around midnight, Krissy was feeling a little short of breath—she had allergies and occasional upper-respiratory problems—so she inhaled Primatene Mist, an over-the-counter medication she used occasionally. I tucked her into bed and kissed her good night, as I always did.

The next thing I knew, it was four A.M., and Niki was at our bedside, shaking me and saying, "Mom, there's something wrong with Krissy!" She had left her bedroom and collapsed by the front door, unconscious. I can only guess that she heard Niki coming home to pick up her car and went to meet her. Niki called 911 and pleaded for help as Ken and I frantically performed CPR.

Paramedics arrived and took over the resuscitation efforts, then rushed Krissy to Memorial Hospital West. They worked on our daughter for an hour, and I tried to hold out hope that they could save her. But from his experience on the job, Ken knew in his heart that Krissy was already gone.

It was a nightmare. In the middle of our overwhelming grief, we were suddenly all over national TV and the newspapers, and our usually quiet neighborhood was filled with news vans.

The coroner's initial report found no signs of alcohol or drugs, but Krissy's lungs showed signs of scarring, indicating that she had asthma. That just confused us even more. Krissy's pediatrician had never diagnosed asthma.

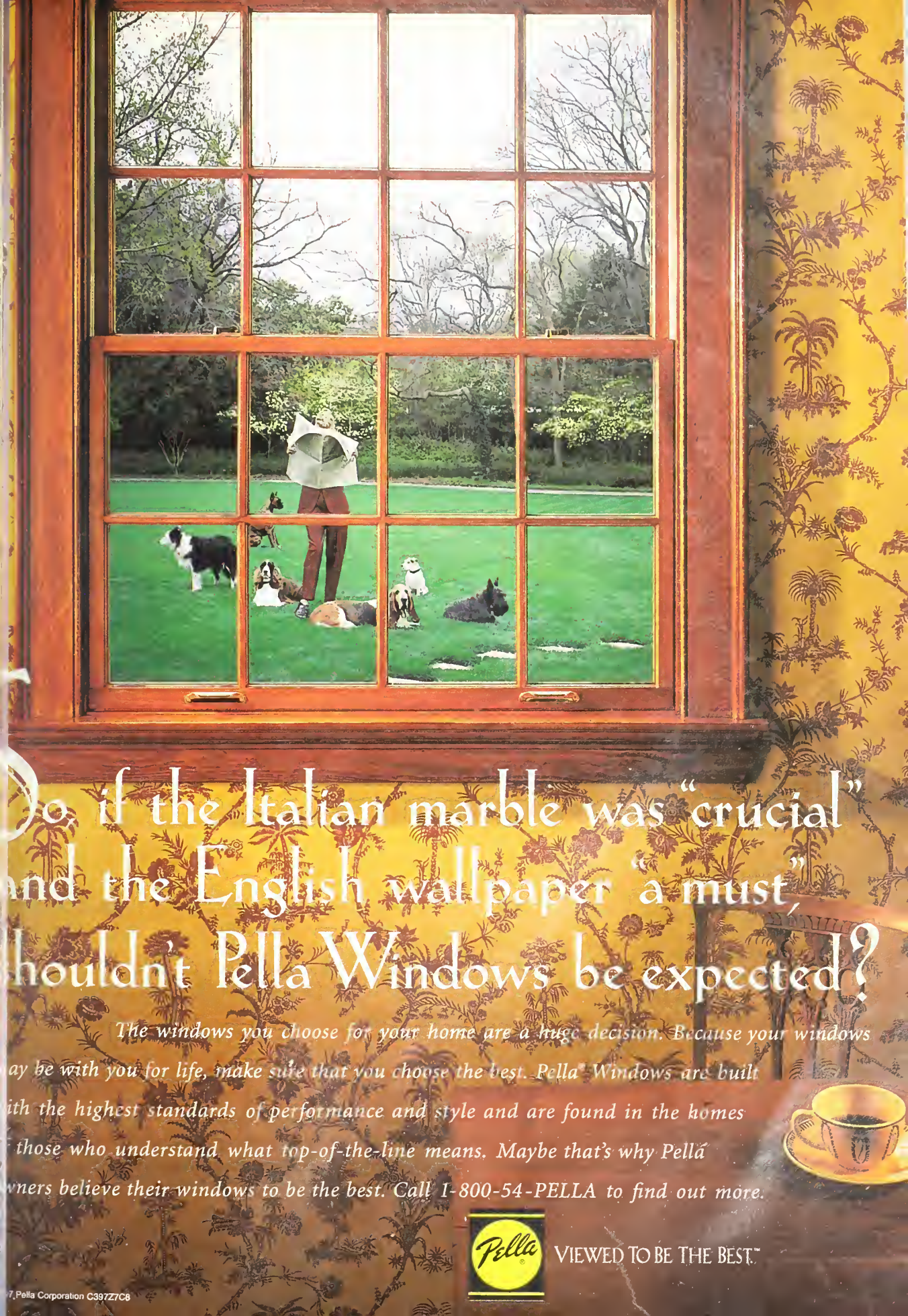
Several weeks later, the medical examiner told us that a sudden arrhythmia in Krissy's heartbeat had contributed to her death. We wondered if the Primatene Mist might have triggered it, but it didn't seem logical, since Krissy died hours after she had taken the drug.

By chance, a woman in California heard our story and contacted the medical examiner, explaining that she had lost two children to a rare heart condition. She suggested that we go to the University of Miami Medical Center and Jackson Memorial Hospital, which has specialists who study such cases. The M.E. referred us there, and Robert J. Myerburg, M.D., the director of the cardiology division, told us that there are several heart conditions that can cause sudden death in young patients. He agreed to contact the medical examiner about doing further studies on Krissy's heart tissue. There was nothing for our family to do but wait.

Saying good-bye

Instead of a formal burial—I couldn't see us doing anything in a stuffy funeral home—we had a memorial service for Krissy in Markham Park. Family and close friends gathered and filled her blue Chevy truck with her favorite flowers—sunflowers and daisies—and shared our fondest memories. Then we set off fireworks and danced to "Redneck Girl," which was one of her favorite songs, and "Remember Me This Way."

Getting through that first year was hard. It took me the longest time to go outside, because I was scared of having to talk to anyone. People were kind to us, but sometimes they said the wrong things: "I know what you're going through." (They didn't.) "At least you have two other daughters." *(continued)*


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EMEMBERING KRISSY

ntinued

wouldn't miss Krissy any less if I d ten children.)

Niki threw herself into her work to ep her mind off her grief, telling ople she didn't care to talk about But the pain was still there, com-unded by the stress of her divorce m her husband, Matt Martinez, d of raising her twin sons. Joie's aracteristically bright outlook on helped her a lot, but there would times when she'd suddenly think out Krissy and her eyes would m over with tears.

Ken was more inclined to shut his lings inside, and I always wanted talk, so there was some friction ween us. We coped by realizing t we had to respect each other's lings and accept our different ys of mourning.

The holidays were especially hard t year. I love Thanksgiving, but I aded celebrating it, because it was d to feel thankful for anything. ving my grandchildren there was saving grace of the day—Joie's ghter, Blake, offered a special ssing. At Christmas, I found my-putting too many decorations all r the house. "What are you do-?" Ken asked, surprised. I didn't w. I think I was trying to fill up emptiness.

ust after Thanksgiving, the family nered again at Markham Park to licate Krissy's tree and set the morial marker. We hadn't talked y much about our loss in those months, so we stood by candle-t for half an hour, reading aloud letters and poems we had re-ed from people all over the coun-The tree is a special place for all us, and we go there often. When remarried last year, she had her emony under her sister's tree.

Deciding what to do with Krissy's gs was hard. The notes and love ers in her nightstand seemed too sonal for anyone else to read, so held on to them, and we plan to n them one day and spread the es by her tree. Even the shoes in closet told Krissy's life story. We gave them all to her friends, insisting that they were to be worn and enjoyed, not stored away.

The hidden danger

It wasn't until six months after Krissy's death that the final piece of the puzzle fell into place at last. Dr. Myerburg and a researcher from France discovered something significant. The right ventricle of Krissy's heart had an abnormal amount of fatty tissue and scar tissue inside—signs pointing to a rare condition known as right ventricular dysplasia (RVD) that most often appears in adolescents and young adults.

For reasons not yet understood, the scar and fatty tissue buildup can cause sudden, rapid heart rhythms that can be fatal. If it's detected in time, this and other heart conditions can often be treated in young patients with medication or, in more severe cases, with an implantable defibrillator that can jolt the heart back to a normal rhythm.

Though the medical examiner disagrees, Myerburg has now concluded that RVD was the major contributor to Krissy's death, with her asthma playing a secondary role. Even if Krissy had survived this episode, it's highly likely that she would have had another dangerous arrhythmia if her condition had gone undiagnosed.

We're satisfied now that we have all the medical answers, and we take some comfort in knowing that there was no way we could reasonably have known this might happen. An electrocardiogram (EKG) or an echocardiogram could have picked up the right ventricular dysplasia prior to the attack, and she could have been monitored and treated. But why would we ever think to give a seemingly healthy girl a cardiac test?

Everyone in our family has gone for cardiac testing, and we've all been found healthy. That's not surprising, since the majority of RVD cases are not hereditary. Why Krissy was born with it is a question that may never be answered.

That's why I feel strongly that doctors should perform *(continued)*

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REMEMBERING KRISSY

Continued

EKGs at least once on all preadolescents. We have our children's teeth X-rayed once a year; why not test their hearts, too? True, it may not be a cost-effective measure, but it would be a worthwhile one if it saved even a few lives. Parents should also know about the primary symptoms of heart conditions that occur in children. If your child suffers fainting or near-fainting spells—especially during physical exertion—or a rapid heartbeat when at rest, take him to a doctor right away.

Signs and memories

It's hard to believe that the second anniversary is already here. But our family remains close, and together, we are strong and we cherish our time with one another. And we each have our own memories of Krissy. Ken says, "Things were always brighter if she was there." Joie remembers, "She made you smile," and Niki says, "She was real. She was strong, and she said what she believed."

The one final tribute I'd love to have for Krissy would be a country song written in her memory. I hope this will become a reality one day.

I know a lot of people don't believe in such things, but I've witnessed odd coincidences that I'd like to think are signs from Krissy. During the memorial service, a shooting star streaked across the sky—and the letter I was reading at that very moment was decorated with shooting-star stickers. Then, on my birthday last year, my beeper suddenly went off. The message was "Tone Only"—the indication for a caller who hangs up—and the numeral 3, which was the code number Krissy always used. I told Ken, "It was Krissy calling to say, 'Happy birthday.'"

People from all over the world have written us to offer their sympathy. A few mothers have named their babies after Krissy; one of them gave birth the day after Joie had her new baby son, Dalton. In my spare time, I maintain a Web site (www.krissy.com) that includes a tribute, special photos and essays. One woman wrote that her husband always teased her for kissing and hugging their daughters at bedtime every night, but he changed his mind once he read our Web page.

I've been asked if I have any advice for other grieving parents. It's hard to tell other people what to do—everyone's experience is so personal. But above all, my advice is to let those you love know it right now and as often as possible.

That's one thing I'll never regret not doing, because I tell my daughters I love them all the time. I said it to Krissy on the night she died, and I'm so glad that there were no unfinished hurts or arguments between us. My only regret is that she passed away in the first place. God, it hurts. ●

For you!





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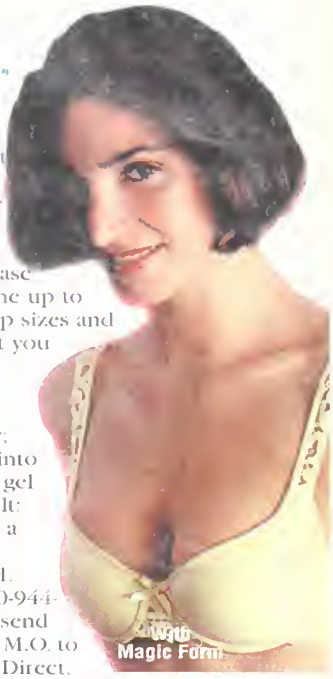
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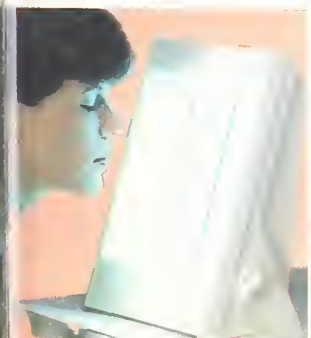
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The natural way to feel good again

MIND OVER PAIN

When we suffer from grief or stress, it often 'expresses' itself as, say, an achy back," says Andrew Weil, M.D., director of the Program in Integrative Medicine at the University of Arizona, in Tucson, and author of *8 Weeks to Optimum Health* (Knopf, 1997). And while modern medicine can't always treat these aches and pains, natural pain relievers may help because they can activate the mind's power of healing, says Weil. Here, the techniques he recommends for common ailments.

- For tension headaches: Relax with yoga, deep breathing or a shiatsu massage; indulge in a fifteen-minute neck and shoulder rub or a warm soak in the tub to loosen tense muscles and increase circulation; or monitor and control pain with an electronic biofeedback device.
- For migraines: Studies indicate that both feverfew leaves (a natural anti-inflammatory available in capsules) and biofeedback are effective in relieving pain and preventing migraine episodes. Avoid dietary triggers, such as wine, chocolate and aged cheeses.
- For back pain: Swim in warm water or do yoga to strengthen the back and relax muscles. Acupuncture can help by releasing endorphins and enkephalins, the body's natural painkillers.

—Jacqueline Stenson

Washington Watch

Health-care reform isn't just talk. A law for new and improved health insurance—the Kassebaum-Kennedy Act—goes into effect on July 1. If you already have insurance, this law makes it easier to get a pre-existing condition covered when you switch plans, says Joanne Hustead of the Women's Legal Defense Fund, in Washington, D.C.

Also, in 1998, the Mental Health Parity Amendment will go into effect. It will require insurers that cover mental-health care to do so to the same extent they cover physical health. At press time, passage of the following bills is pending. If you support them, write your U.S. Representative to let him or her know:

- The Patient Right to Know Act lifts managed-care "gag rules" that prevent doctors from speaking freely to their patients about treatments that may be expensive or not covered by their plans.
- The Women's Health & Cancer Rights Act ends "drive-through mastectomies" by having doctors (not insurers) decide how long a woman needs to stay in the hospital.
- The Patient Safety Act requires hospitals to release data about staff members (such as their medical credentials and workload).

—Erica Lumière

Uplifting Workouts

Researchers have long known that regular, long-duration workouts can boost your mood. But now a major study says you may get a benefit from as little as eight minutes of strenuous exercise. In the study, participants walked on a treadmill at maximum effort and then took a detailed survey. On average, subjects had 82 percent less depression, tension, fatigue, anger and confusion than before they worked out. "They felt energetic and vigorous," says Kathleen Moore, Ph.D., a health psychologist at Duke University Medical Center, in Durham, North Carolina. —Anna Roufos

Don't know much about STDs

Can you name the most common sexually transmitted diseases (STDs)? Most of us can't, according to a survey by the Kaiser Family Foundation (not related to the HMO). When asked to name STDs, less than a quarter of American adults mentioned chlamydia, the most prevalent infection, and about one in ten could not think of any. Why is it so important to be vigilant about STDs? Chlamydia, for example, which can lead to pelvic inflammatory disease and then infertility, often shows no symptoms in women. You could have it for years and not know. If there's any possibility you are at risk, ask your doctor for a test—it's not part of a regular exam. —Beth Howard

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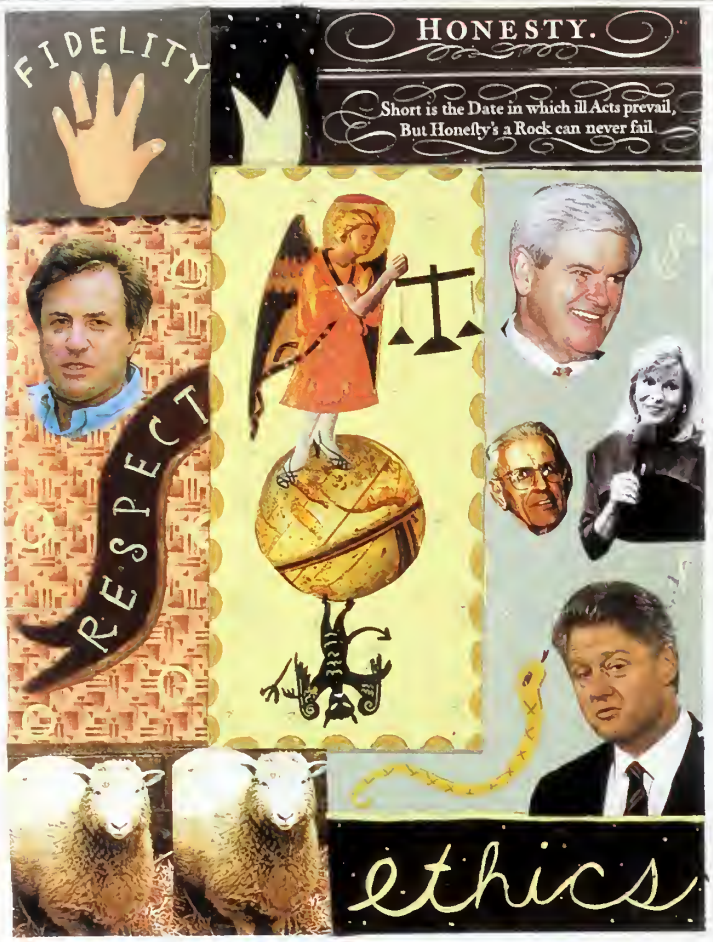
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The RIGHT Thing To Do

In a world where ethics seem to have fallen by the wayside, many of us are yearning for moral guidance. Will we ever find it? By Anne Taylor Fleming

A sheep is cloned. A human chromosome is artificially created. Dr. Kevorkian helps someone to die. A sixty-three-year-old California woman gives birth to a child.

What is our world coming to? We ask ourselves, nervous that we haven't had time to decide how we really feel about assisted suicide or genetic engineering, not to mention the long-simmering ethical standbys of abortion, prayer in schools and censorship of pornography.

And just when we need moral guidelines the most, our very leaders seem to be suffering ethical lapses. We read or hear about priests molesting children, or tobacco-company executives admitting they misled the public.

On Capitol Hill, Speaker of the House Newt Gingrich is reprimanded by the House of Representatives for ethics violations. Then, of course, there are the Clintons, who face constant questions about their ethical conduct. From early concerns about the draft and extramarital affairs, we moved to Whitewater, Travelgate and the Paula Jones sexual-harassment lawsuit, and on into questions about campaign fund-raising—a numbing litany of transgressions, real or alleged.

We are clearly troubled by it all. According to a Gallup Poll, three quarters of Americans believe the nation's moral direction is worse than when they were kids. There's a queasy undercurrent as we face the end of the century that our values have eroded: that we have no real sense anymore of right or wrong. Even America's most-beloved sitcom dad, Bill Cosby, had to admit to an old extramarital affair, a tabloid story that surfaced in painful tandem with the murder of his son—all of which brings us to the media and their part in the ethical erosion.

There is no question that digging into people's lives is much more pervasive than it used to be. An innocent man like Richard Jewell is dragged through the media mud for months before being cleared in the Atlanta Olympics bombing case. Yet presidential aide Dick Morris nails a big book contract after being forced to resign because of an affair with a prostitute.

In our media-saturated world, being famous and being infamous have become the same thing. It's not about doing good or bad. It's about prime-time live, where wrongdoers are as rewarded with their fifteen minutes of fame as heroes, and where talk-show hosts like Jenny Jones can invade the privacy of ordinary folk with sometimes tragic results: On March 9, 1995, a guest on Jones's show murdered another guest who confessed on the air to a homosexual infatuation with him.

We shudder with shame over what's happening, but we buy the tell-all books. In short, we have met the public and they are us. And after all the finger-pointing *(continued)*



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THE RIGHT THING TO DO
Continued

at the media and the politicians and the deceitful executives, we have to admit that we, too, are inescapably implicated in this ethical decline. In a recent survey, nearly half of all employees said they engaged in unethical or illegal acts in the last year—lying to their bosses or to customers, cutting corners on quality, taking credit for someone else's work or idea.

But how do you face yourself in the dark of night—or your children in the bright light of day—knowing you've lied to a boss or a co-worker? Every day we face our own ethical dilemmas, and every day we send signals to our own children with our own choices. To tell a "small white lie" to a colleague. To cheat on your taxes. To take a lover from a friend.

Every day these decisions loom, and every day we must face them, no less than the man in the Oval Office or the scientist in the high-tech lab. Our moral decisions or missteps might seem less momentous. But are they? Which is worse: to take an illegal campaign contribution or to lie to someone you work with or love? And can we content ourselves with the rationale that since the powerful and mighty cut ethical corners, why shouldn't we?

It's clear that people are searching for values, for moral guidance especially as the questions and dilemmas they face in their own lives get bigger and harder. It's not just about telling lies at the office. Think, for example, of David Kaczynski, who, after wrestling with and against the increasing likelihood that his own brother was the Unabomber, tipped off the authorities. There can be no more moving moral struggle than his.

We will all face, or have faced, a similarly wrenching decision when a family member becomes terminally ill. All the high-flown talk about ethics evaporates. It's not: Is assisted suicide okay? It's: Should I help my mother or my husband or my child die? The moral agonizing comes home.

We take a deep breath at such times. We proceed slowly, seeking out those we love and trust. And we take the measure of our own consciences. Maybe that moral pause is what's needed all the time: a beat, a reflection, a hard look at oneself and one's own values before doing anything your gut says is unethical. That, after all, is where the real ethical battleground is. It's not on the airwaves or the op-ed pages. It's not in the White House or the science labs. It's inside each one of us. ●

Anne Taylor Fleming is a commentator for The NewsHour with Jim Lehrer and a regular contributor to Ladies' Home Journal.



How ETHICAL are you? A SELF-TEST

Do you always do the right thing? Or do you fall someplace in the middle? The Journal's ethics test will help you find out.

1. Would you buy an expensive dress, wear it to a party, then return it to the store?
a. Yes.
b. Yes, but I'd feel guilty about it.
c. No.

2. Your child has an important paper due, but you see he's too tired to do a good job. You:
a. Write the paper for him.
b. Help him write it.
c. Let him write it himself. To help him would be cheating.

3. While parking your car in a lot, you lightly scratch the car next to you. You:
a. Leave a note with your name and phone number.
b. Leave a note only if someone has witnessed the transgression.
c. Drive away. It was only a scratch.

4. Because of family connections, you have the opportunity to erase your seventeen-year-old daughter's drunk-driving charge. Would you do it?
a. Absolutely. Who wouldn't?
b. Yes, after much wrestling with your conscience.
c. No, she needs to take responsibility for her actions.

(continued)



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HOW ETHICAL ARE YOU?

Continued

5. A bank teller accidentally gives you an extra $20 when you cash a check. You:
a. Bring the mistake to her attention and give the money back.
b. Say nothing.

6. Would you knowingly sell a car with a defect without disclosing the problem?
a. No.
b. Yes, reluctantly. Otherwise, it will never sell.
c. Yes. Caveat emptor.

7. What would you do if you discovered that your child got into a good college because she cheated on her SATs?
a. Notify school officials.
b. Scold your child but say nothing to the university.

8. At a dinner party, have you ever embellished a story with false details?
a. Yes, to make a better impression.
b. No.

9. A friend asks you to lie and tell her husband that she was with you when she wasn't. You:
a. Lie for her—she's a friend.
b. Tell the lie—but feel bad about it afterward.
c. Refuse to tell a lie for her.

10. If you found your child's private diary, would you read it?
a. No, it's none of my business.
b. Yes, I'd take a peek.
c. Yes. She shouldn't keep secrets from me.

11. Have you ever cheated on your taxes?
a. I've underreported my earnings.
b. I've exaggerated my deductions.
c. No.

12. What motivates you to avoid unethical acts?
a. Fear of legal consequences.
b. Fear that my family and friends will find out.
c. My sense of right and wrong.

13. If your child were conceived with donor sperm or egg, would you ever tell him?
a. No, I'd be afraid he'd no longer consider me his real parent.
b. No, it doesn't matter how he was conceived.
c. Yes, he has right to know.

14. What would you do if your best friend's husband asked you if she was cheating on him—and you knew she was?
a. Tell him you have no idea.
b. Tell him the truth.
c. Lie and say, "Of course not!"

15. Have you ever taken a towel or a bathrobe from a hotel?
a. Yes.
b. No—but I've been tempted.
c. Never.

16. If a now-famous movie star had been your college steady, would you sell a story about his lovemaking techniques to a tabloid for big bucks?
a. Yes, I'd sell the true story of our relationship.
b. Yes—and I'd try to drive up the price by making it sound much more juicy than it really was.
c. I'd never kiss and tell.

17. Have you ever called in sick to work just to take a day off?
a. Yes, once.
b. Occasionally.
c. No, never.

18. Have you ever padded your expense account?
a. Yes.
b. Occasionally.
c. No.

19. Have you ever taken office supplies for your personal use?
a. Yes.
b. Only in an emergency.
c. No, never.

20. Would you blow the whistle on your boss if you knew safety was being compromised?
a. Yes, even if it cost me my job.
b. Yes, but only if I could do it anonymously.
c. No; I don't want to get fired.

SCORING

Using the chart below, add up your score. Then, read on to find out what your answers say about you.

1. a=3 b=2 c=1	11. a=3 b=3 c=1
2. a=3 b=2 c=1	12. a=3 b=2 c=1
3. a=1 b=2 c=3	13. a=3 b=2 c=1
4. a=3 b=2 c=1	14. a=2 b=1 c=3
5. a=1 b=2	15. a=3 b=2 c=1
6. a=1 b=2 c=3	16. a=2 b=3 c=1
7. a=1 b=2	17. a=2 b=3 c=1
8. a=2 b=1	18. a=3 b=2 c=1
9. a=3 b=2 c=1	19. a=3 b=2 c=1
10. a=1 b=2 c=3	20. a=1 b=2 c=3

IF YOUR ANSWERS TOTALED:

20–24 Congratulations! You may be one of the most ethical people around. You tend to see things as either black or white and you always do the right thing. But consider this: You conform to exceptionally high standards. Do you judge others by them, too?

25–51 Like most people, you fall right into the middle. You listen to your conscience when it really counts, but every so often you put integrity aside to get what you really want. You may not be perfect—but you may be perfectly normal. Do you wish you were better than that?

52–57 Some might say you're a pragmatist; others might say you're simply unethical. Think about it: Would you want to live in a world where everybody's ethical standards are just like yours?





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*vs. leading competitive regular pantiliners



Keep that clean feeling longer.



reba reveal

FOR THE FIRST TIME EVER, REBA MCENTIRE TALKS GUILTIEST PLEASURE, HER SECRET CRUSH AND THE



ipping around Nashville in her Chevy Suburban is one thing, but hitching a ride on the Information Superhighway is quite another. "Sometimes I get in so deep I don't know how to get out," explains Reba McEntire, who goes on-line every day to check out the current movie listings or to find out where Celine Dion—whom she considers her prime competition—is performing. "And that's when Shelby, my seven-year-old son, will say, 'Mom, can I watch *The Lion King*?' So I have to shut down everything I'm doing, put in his CD-ROM, and he will work the computer himself! *That's* scary."

Lucky for McEntire, then, that she is surrounded by a team of techno-wizards at Starstruck Entertainment, her glitzy new offices on Music Row. Because tonight, for the first time, the Queen of Country Music is using nineties technology to chat with her fans.

Perched in front of the computer screen, McEntire is answering questions ranging from the expected ("Why did you cut your hair?") to the wacky ("What will it cost for you to sing at my wedding next year?") to, quite literally, a blast from the past—"Do you remember getting shot with a BB gun?" "Oh, my gosh! Is this Jim Bob Winslett?" The singer slaps her knee and hoots as she responds to her childhood friend out in cyberspace.

Refusing to let a little thing like on-line intimidation stand in her way is trademark Reba. These days, more than ever, the forty-two-year-old star is pushing her pride aside to get what she wants, whether it's schmoozing her fans, coaxing peace back into her once-turbulent family life, or the latest topper of her personal hit list—kicking a movie career into high gear.

"My dream is to be in the funniest comedy out there," says McEntire, taking an uncharacteristic break early in the day. Sitting with her chunky black boots propped up on her living-room ottoman, McEntire looks fresh and plucky in her pink cotton sweater, black pants and newly cropped shag. According to her husband, Narvel Blackstock, the singer spends all of her spare time researching roles. "On the weekends she'll grab her girlfriends and go see two or three movies a *day*." He laughs. "It's her passion."

McEntire optioned Sandra Brown's best-selling novel *Exclusive*, the story of a reporter who investigates the death of the President's baby, although she is not planning to cast herself as the lead. "When you are doing a movie, you need to get A-list directors, A-list actors, high-class everything. If I am going to be the main star, it may not be appealing to everybody involved," says McEntire. "I want to get whoever the hottest female star is—Sandra Bullock or Bridget Fonda would be great."

And don't expect a musical to appear on McEntire's filmography anytime soon, either. The third movie she saw with her friends one afternoon was *Evita*. "After an hour of it I really couldn't deal with all of the singing," she says, adding that Broadway musicals can be equally tedious. "They get on my nerves," she admits. "But I would do something partly musical, like Elvis Presley might have done."

All in all, the Hollywood experience has been a humbling one for McEntire. The two-time Grammy winner may be the most successful *(continued)*

ed

BOUT HER SON'S GREATEST CHALLENGE, HER
ESSON THAT OPENED HER HEART BY MELINA GEROSA

"When I learned to forgive," says McEntire, "it was like a million pounds were lifted from me."

(continued) female country star in history, having sold over thirty-eight million albums; but in Tinseltown, she's just another actress looking for a gig. And then there is the attitude problem. "My biggest disappointment is meeting some stars, because they were jerks," she says. One man's charms, however, keep McEntire from total cynicism. "Kurt Russell," she says with a sigh. "I stand from afar and just slobber."

While a Hollywood career may be seducing McEntire, music still claims her heart, not to mention her competitive spirit. "Of course I consider Celine Dion competition," says McEntire. "I'm in competition with anything that distracts my fans from me, whether it's Garth Brooks or Blockbuster Video."

ccording to her mother, that drive is in her genes. "She inherited that from her daddy," says Jackie McEntire, referring to her rodeo-star husband, Clark. "My kids are all determined, but Reba knew early on what she wanted to do in life." The McEntires raised their four kids on an Oklahoma cattle ranch, where hard labor was simply a part of farm life. "Those kids worked as many cattle through the chute as three hired hands," she says. "Afterward, Clark would say, 'I'll take you to town and you can have all the ice cream you can eat.'"

As a kid, however, McEntire focused less on the rewards than the criticism. In junior high school, her determination to improve herself was reinforced on the basketball court. "The coach would say, 'This is what you're doing wrong,'" she recalls. "One time I got real irritated. I said, 'Mr. Davis, how come you never tell me what I'm doing *right*?' And he said, 'You're doing *everything* right; I thought you knew that. I'm just trying to help you improve.'" The lesson stuck with her to this day. "I skim over the great reviews," she says. "The nitpicky ones I watch."

She also listens to her fans. When her album *Starting Over* had disappointing sales in 1995, she tuned into the latest trend in country music—younger and upbeat. "I stay away from those fluffy songs because I want to give a message," says McEntire. Regardless, she put the songs she liked on hold, and without hesitation, completely changed direction. "I conformed," she admits, "because I want to be up there in the top."

Considering how tough she is on herself, does Narvel, her husband and manager, ever encourage her to slow down? "He's just as hard on me as I am!" she says. "That's why I married him." Her husband even goaded her into conquering her fear of heights by being lowered onto the Houston Astrodome stage from the ceiling. "I said, 'I'm not going to do that,' and Narvel said, 'All right, but Garth [Brooks] would do it,'" she recalls. "And I said, 'Okay, I'll do it.' And I stressed out over it for two weeks."

McEntire will also do whatever it takes to stay young-looking, including plastic surgery. "I've had my eyes done," she confesses. Would she consider more? "In a heartbeat! I don't see any reason to sag into the cement."

Not surprisingly, she got support, and a list of doctors, from her friend Dolly Parton. "I told her, you gotta go to the best," says Parton. "It's nothing to be ashamed of. She looks wonderful, and I think her haircut suits her little face."

What is more essential, however, is what keeps McEntire young at heart—her household now filled with children. Joining McEntire's family of three this year is her twenty-two-year-old niece, Garrett; Narvel's two oldest kids, twenty-three-year-old Shawna and twenty-year-old Brandon; and Shawna's three-year-old daughter, Chelsea. "I like *(continued on page 161)*

Reba's Guilty Pleasure

What is it? "Beans and corn bread," says McEntire. "It's fattening, but boy, is it good." Here are her favorite recipes.

REBA'S BEANS

Fry *5 slices of bacon* in a deep, 10-inch cast-iron skillet until crisp. Set the bacon aside on paper towels; drain off the grease. Chop *1 medium onion* and brown in same skillet over medium-high heat, about 5 to 6 minutes. Add *1 pound lean ground beef* and cook until browned. Drain off excess grease. Stir in *1 can (28 oz.) Campbell's Pork & Beans, 1 can (16 oz.) stewed tomatoes,* about *¼ cup of your favorite barbecue sauce, 3 tablespoons packed brown sugar, 2 tablespoons spicy brown mustard* and *1 teaspoon red pepper sauce.* Reduce heat to medium-low and simmer 15 to 20 minutes until it tastes *real* goooood! Crumble the bacon over the top before serving. Makes 6 to 8 servings.

REBA'S TENNESSEE-STYLE CORN BREAD

Mix *2 boxes (8.5 oz. each) Jiffy Corn-Muffin Mix* according to package directions. Spread half the batter in a greased oblong (about 11x7-inch) baking pan. Sprinkle with *1 cup shredded jalapeño–Monterey Jack, sharp Cheddar or any kind of cheese,* however spicy you like it. Mix *1 can (8½ oz.) creamed corn* into the remaining corn-bread batter and pour on top of the cheese. Bake 30 to 35 minutes, until corn bread is set in center and browned. Makes 8 servings. Enjoy!



"I've done a lot of growing up," says McEntire, "and I'm the happiest I've ever been in my life"

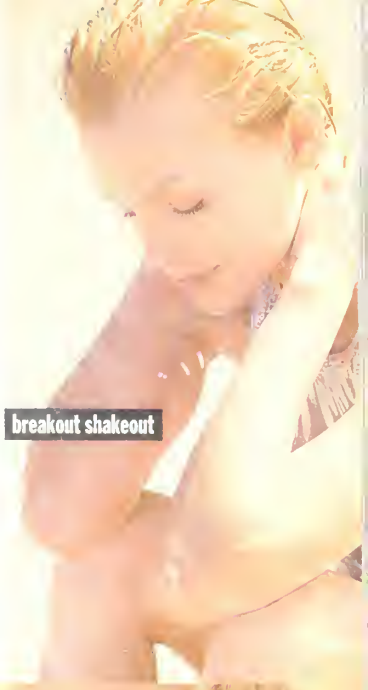


BEAT-THE-HEAT beauty

PROBLEM Processed color that goes brassy from sun and swimming

SOLUTION Improved technology makes it less likely that sun will fade your haircolor, says David Cannell, Ph.D., Redken's senior vice president of research and development. It's the *combination* of the sun's rays and chlorine or salt water that can bleach processed blonds or redden hair that's been dyed a darker color. To eliminate the problem, rinse hair in fresh water after swimming in pools or the ocean, or slick conditioner with sunscreen through hair beforehand and wear a swimcap. Also, try using a color-boosting shampoo once a week. To try: shampoos by Redken, Paul Mitchell, Redmond, ARTec, Aveda and J.F. Lazartigue.

t's a challenge to look cool and collected when the weather s humid and hot. But these ast fixes can help you conquer summer's most annoying vexations—makeup meltdown, the rizzies, even those awful bikini-ne bumps By Lois Joy Johnson


breakout shakeout

ROBLEM Frizz-prone air that frazzles stantly in humidity

OLUTION Applying a icone styling serum or l on wet hair will help t you straight, but for st results, follow up th a humidity-proof irspray on dry hair as ll. As you blow-dry, y special attention to e inch or so of hair sest to your scalp. cause its hair has the est texture, the hairline the "frizz epicenter," s John Frieda of John eda Hair Care. For the ekest effect, use a nny round brush on r in this area, and a big rel brush on the rest.

zz-fighters to try: irol Frizz Control gh Gloss Hair Serum, mble & Bumble De-zz, Frizz-Ease Moisture rier Hair Spray.

OBLEM: Self-tanner eaks

LUTION Be sure to ly self-tanner only to oliated skin (use face l body scrubs) and ooth, shaved legs to vent it from getting ped in flaky or rough skin patches. For best results, skin should also be dry and clean (do not use a moisturizer first, and if your hair is wet, wrap it in a towel to avoid drips on skin that could affect tanning). Then, using every-which-way strokes, blend on self-tanner as evenly as possible. On areas like knees, ankles and elbows, which tend to go darker, Jack Mausner, Ph.D., senior vice president of Chanel, suggests applying a thinner layer—perhaps just the residue that remains on your hands.

PROBLEM Makeup smearing, smudging and shine

SOLUTION Update your makeup kit with high-tech "transfer-resistant" basics that stand up to heat and humidity. Silicone is the magic ingredient: Foundations with silicone-coated pigments adhere to skin for up to sixteen hours; lipsticks and liners using silicone technology stay put for up to ten; and eye pencils, eyeshadows and blush have similar long wearability. These products set faster than regular makeup, so you have to be quick and precise when applying them, and you must start with freshly washed skin free of oil. The best heat-proof cosmetics to look for now: Revlon ColorStay Makeup, Almay Amazing Lasting Eyecolor and Maybelline Great Wear Budge-Proof Lip Color.

PROBLEM: Smelly feet, body odor

SOLUTION The first line of defense, says Greg Jenkins, M.D., assistant clinical professor of dermatology at the University of California Medical Center, in San Francisco, is to use an antibacterial soap containing the active ingredient triclosan, triclocarban or chloroxylenol, all of which kill odor-causing bacteria that live on the skin. After showering, apply antiperspirant, even to the soles of your feet. More powerful prescription antiperspirants are an option for *(continued)*



splotchless tan



a better bikini line

(continued) people who sweat profusely, and a combination of aluminum salts and powerful astringents can be prescribed to treat severe foot odor, a problem called bromhidrosis.

PROBLEM: Athlete's foot, toenail fungus

SOLUTION Both of these contagious infections thrive in the warm and moist conditions common to public pools, showers and locker rooms—even in your own sweaty gym shoes. Toenail fungus, characterized by an unsightly yellow discoloration that causes the nail to thicken and flake, can be treated with a twelve-week course of oral medication available by prescription. For athlete's foot, which makes the skin between the toes itch, burn and flake, use over-the-counter remedies such as the antifungal creams Tinactin and Lotrimin. Both conditions can be prevented by taking precautions: Wear thongs in public showers and locker rooms, and allow sweaty sneakers to become thoroughly dry before wearing again.

PROBLEM Red bumps and ingrown hairs near bikini line

SOLUTION Because skin in this sensitive area is prone to pseudofolliculitis (ingrown hairs), hair removal is tricky. On the whole, depilatories are gentler than shaving. If you're prone to getting ingrown hairs, Harvey Jay, M.D., clinical assistant professor of dermatology at Cornell Medical Center, in New York City, suggests applying a prescription acne medication such as Azelex to the skin after hair removal. To treat ingrown hairs once they occur, he advises applying a warm compress before the medication.

PROBLEM: Oily skin

SOLUTION Summer heat and humidity can make even normal skin feel greasy, to say nothing of what it can do to already oily complexions. When this happens, the temptation is to skip moisturizing—a mistake, since doing so can make your skin look old. Instead, use an oil-free moisturizer like Face the Day Lotion by Basis or Ultima II Interactives O Check. Some, like Lancôme's HydraContrôle Oil-Free Fresh Gel or Nivea Visage Shine Control Mattifying Fluid, also absorb skin's shine-causing oils. A clay or exfoliating mask once a week can also help stem oily excess and temporarily reduce the appearance o large pores. Try Clinique's Deep Cleansing Emergency Mask or ClearLogix Oil Absorbent Acne Mask

PROBLEM Back and chest breakouts

SOLUTION With its high concentration of oil-producing sebaceous glands, skin in this area is a prime spot for breakouts, especially when the weather or your activity causes you to perspire. To prevent them, be sure to shower off perspiration as soon after a workout as possible. Also use oil-free sun-care products and cleansers. You can treat mild individual breakouts with an over-the-counter tinted medication containing salicylic acid, sulfur or benzoyl peroxide (like Almay Clear Complexion Acne Blemish Concealer). Want to wear your halter dress to a party? Then apply your medicated concealer, followed by a light application of compact foundation; tap to blend gently.


frizz-proofed hair


a look that stays put


showoff feet


shine stoppers



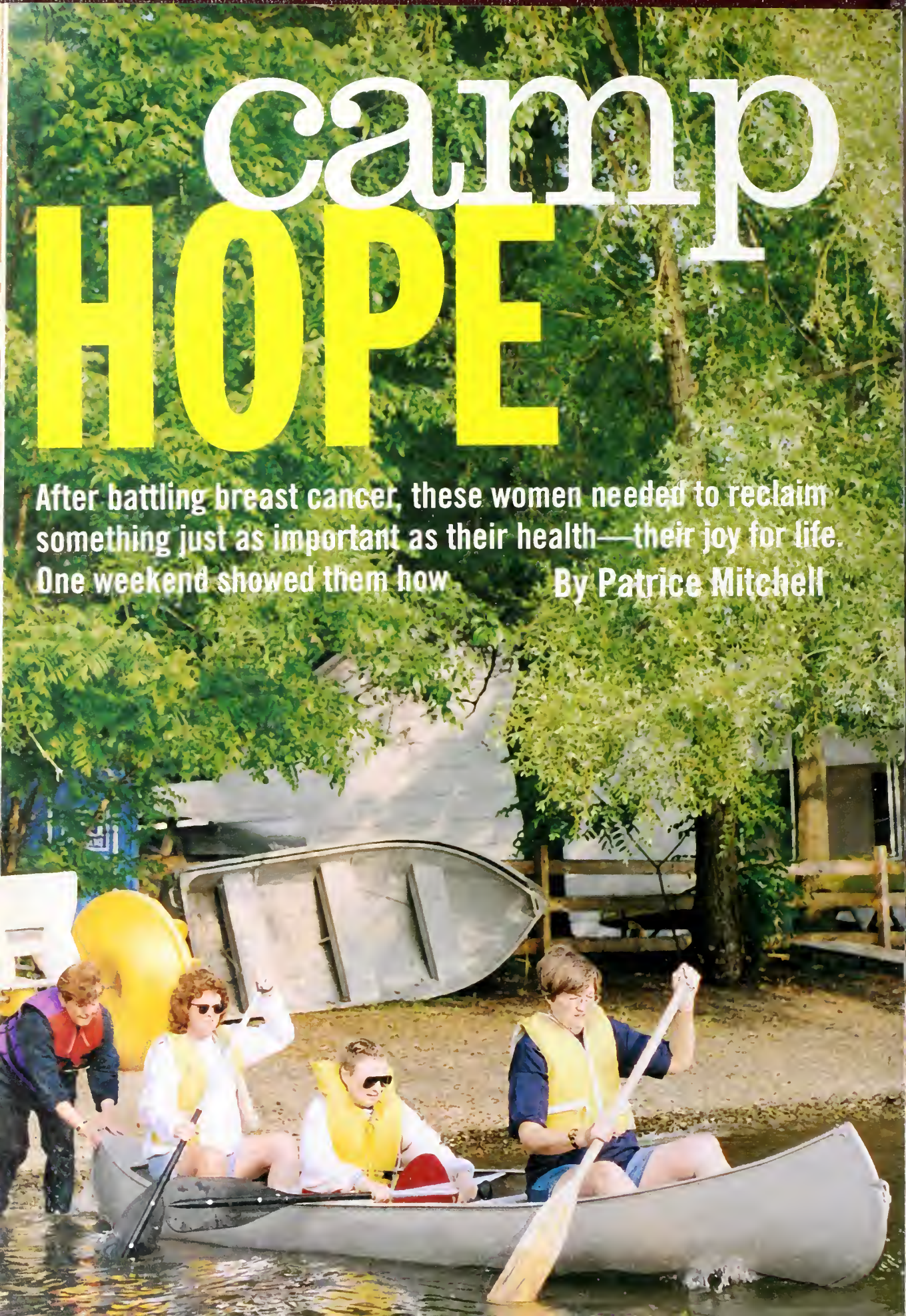
PROBLEM Sunburn in overlooked spots like feet, nape of neck, scalp, ears and nose

SOLUTION Ease the sting by applying a light moisturizer containing soothing ingredients such as aloe vera, chamomile and vitamin E, as well as moisture-restoring humectants like glycerine, hyaluronic acid or propylene glycol. Good options include Neutrogena Daily Moisture Supply and Vaseline Intensive Care Lotion with Aloe Vera. Applying compresses soaked in cold chamomile tea can also help. Temporarily stop using products with alpha hydroxy acids or tretinoin (Retin-A), which may irritate damaged skin.

camp HOPE

After battling breast cancer, these women needed to reclaim something just as important as their health—their joy for life. One weekend showed them how

By Patrice Mitchell



As evening falls, twenty-eight women gather by the lake in Branchport, New York. At first, we exchange the halting, impersonal conversation of new acquaintances. But by dinnertime, we are buzzing like sorority sisters. The bond that rings us together this summer weekend is enough to make us instant friends, even if ours is a sorority no one wants to join.

We are survivors of breast cancer.

Ranging in age from thirty-five to sixty-seven—some single, others married, some career women and others at-home moms—we seem so unalike.

But the disease we have in common quickly bridges the differences in our lives, as we gather at the first-ever adventure program for adult cancer survivors at Camp Good Days And Special Times on upstate New York's Keuka Lake—a camp that has brought delight to thousands of children with cancer and other illnesses over the past seventeen years. The breast-cancer program is designed to give women a chance to test their abilities and develop self-esteem through a series of physical challenges. It is also a way for breast-cancer patients to get to know one another and find an extended network of support, says Camp Good Days founder Gary Mervis.

And it works. That night, we laugh and cry as we trade tales of diagnosis and treatment and recount shared miseries, large and small. As I speak about my diagnosis with breast cancer two and a half years ago, my bilateral mastectomy, aggressive chemotherapy treatments and reconstructive surgery, I am glad to be with a group of women who truly understand what I've been through.

The next day, on the camp's formidable ropes course, our time together shifts from shared miseries to shared triumphs. In terror we climb thirty-five-foot poles, hang from ropes high off the ground and cheer each other on.

It's here, amid hugs and elation, that we realize why we came to camp: for life-affirming experience.

"It's been a fight between me and cancer—who's going to control my life?" says Pat Bernhard, fifty-three, of Honeoye Falls, New York. "This weekend, I had a chance to spit in cancer's eye and say, 'I'm in control now.' "

Here, the stories of four women at camp who battled breast cancer—and conquered their fears.

Running for a cure

Beverly Frissell-Fleig, a thirty-nine-year-old runner and mother of two from Rochester, New York, is determined to use her fitness to conquer the high ropes—and she does, just as she used running to push her physically and emotionally through cancer treatments.

Beverly discovered a lump in her breast four years ago while scratching her chest. "When I got the news that it was cancer, I remember watching Laura, my fifteen-month-old, toddle down the sidewalk and thinking she wouldn't remember me if I died," she recalls.



By the end of our adventure, all twenty-eight of us (gathered here for a group photo with camp staffers) have learned a lot about each other—and ourselves. We are truly survivors

Anger, says Beverly, marked that first year. She raged over having to quickly wean Laura. And she was devastated when her doctor found a second cancerous lump in her breast. When her two daughters came to the hospital after her mastectomy, three-and-a-half-year-old Karen took a piece of paper and drew a breast and nipple. "Here, Mommy," she said, "put this on your chest; you can have your breast back again."

Most of all, Beverly was angry that someone *(continued)*



Beverly Frissell-Fleig



Ginny Cocco

(continued) so young and healthy could get cancer. So she fought back by running three or four miles several times a week. "I ran to defuse the anger," she says. "It was my way of saying I was stronger than cancer."

What she couldn't run away from was the fear that she might not live to see her children grow up. Each major holiday was bittersweet. She was happy to be there, she told her husband, Jon, but scared it might be the last Halloween, Thanksgiving, Christmas. "It was really terrible to look at these little children and sing to them at night and put them to bed, thinking, Will I be here next year to do this?" Beverly says. "You have to grapple with those ideas. You might die. It took a good year of recovery for that to go away."

Much of her fear stemmed from the fact that she'd chosen a less-traditional chemotherapy treatment for someone her age. After studying the treatment options, Beverly, who has a degree in biology, had been reluctant to take Cytoxan, one of the chemotherapy drugs her oncologist recommended, because it can cause menstrual irregularities and throw some women into sudden, premature menopause. So she sought a chemotherapy treatment that didn't require the drug.

But she anguished about her choice. Am I selfish for taking a less aggressive treatment? she wondered. What if I get a recurrence? Am I going to say, "Well, I didn't do everything I could to stay alive"?

Yet as the years pass, Beverly no longer worries. Talking with other women at the camp in their thirties and forties who had taken Cytoxan, she hears complaints of hot flashes, mood swings and vaginal dryness. She knows she made the decision that was right for her.

Beverly's biggest concerns are now PTA meetings and car pools. "Life isn't a privilege; it's a gift that we've been given," she says. "I'm keenly aware of that every day."

Because of cancer, "my faith has become

Healing from within

Ann Heins-Holman, forty-three, of Syracuse, arrives at camp nervous about the operation she is scheduled to have. A physical-education instructor who teaches students with disabilities, she has already survived one breast-cancer surgery. Diagnosed with cancer in early 1995 after her very first mammogram, she had a mastectomy and then underwent reconstructive surgery.

Now she is planning to have a second, preventive mastectomy and reconstruction in a few weeks, and she's wondering if she's doing the right thing. By Sunday, she's had a chance to "pick some of the women's brains," and she's feeling better about the surgery. "It's the right choice because it rids you of the fear of recurrence," says Ann.

Coping with breast cancer has been a lonely ordeal for Ann. A single mother of three boys, ages five, fourteen and sixteen, she has worried about how her scarred chest and uneven appearance might strike a new boyfriend.

When her bandages first came off after her mastectomy, Ann spent the night sobbing. "I think that was probably the most devastating time for me," she says.

To make matters worse, the man she'd been seeing for more than a year began to withdraw from her after the surgery. Knowing she needed to boost her self-esteem, she decided to refocus her life on her sons.

Their support was critical during chemotherapy. Ann was unprepared for how awful she would feel, especially as the treatments progressed. She couldn't see her twelve-year-old son off to his first day of middle school because she was in the bathroom, vomiting.

"The fatigue factor was really tough," she says. "I didn't want my kids to be concerned. I tried to make things as normal as possible." She went back to work during the last three of her eight treatments, and she asked her sons to pitch in by making dinner and doing the laundry. "We had a family discussion that we're in this together. They really were wonderful," she says.

Ann exercised vigorously as she underwent chemo, needing to feel good about her body. And to boost her self-worth and concentrate on career goals, she took a continuing education class with fellow teachers to create a portfolio of her personal and professional



Peggy Fleming



Ann Heins-Holman

biopsy. And now the sisters—who each found it more wrenching to watch the other suffer—have come to Camp Good Days together.

Being here is a triumph in itself for Ginny. A sales coordinator at a college arts center who lives in Brighton, New York, and a mother of two children aged nineteen and twenty-three, she learned she had aggressive breast cancer during a routine exam by her doctor in 1994. Forty-two of her fifty-eight lymph nodes were malignant.

Ginny was shocked. "I never smoked, I don't drink, I eat health foods, I exercise," she says. "I thought I did everything right."

Feeling victimized by her body, Ginny found herself strangely comforted by the grueling chemotherapy treatments. She endured three different high-dose regimens that erased her white and red blood cells and severely weakened her immune system. Her doctors then extracted some of her bone marrow. After her last chemotherapy treatment, the marrow was injected back into her body so that it could begin producing blood cells. Finally, Ginny endured five weeks of radiation

Suddenly faced with the transience of life, she had a tough time when her treatments ended. "Emotionally, I was a wreck." She was able to function each day, but she was plagued by anxiety attacks.

accomplishments—from nurturing her family to coaching the physically challenged. "This helped me realize there is a lot about me that I like," she says.

Her newfound self-esteem changed her life in more ways than one. Suddenly, a friendship of eight years blossomed into a serious ro-ance. J.B., her new boyfriend, sent her off to Camp ood Days with a card and a poem, making her promise t to open them until the next day. Bright and early Sat-day morning, Ann jumped out of bed and ripped open e envelope. She was overcome with emotion as she ad: "I miss you and I can't wait to see you again."

Today, Ann reports that she and J.B. are growing even ser. "I am happier than I have ever been," she says.

tronger. I'm a better person now."

second chance

nny Cocco, fifty-two, stands atop a thirty-five-foot pole, hered only by a safety rope. This challenge is especially anting because Ginny suffers from dizziness and a lack balance caused by an allergic reaction to antibiotics scribed during a bone-marrow transplant three years).

Now, she's trying to work up the courage to jump off log and be lowered by safety rope, but she's frozen h fear. Tears roll down her face. Minutes tick by.

Campers and staffers shout words of encouragement: ome on, Ginny! We know you can do it!" Peggy Flem-, Ginny's sister and another camper, calls up, "Ginny, it for yourself!" And finally, Ginny jumps. The sisters g once she's safely on the ground.

n fall 1995, less than a year after Ginny had a mastec-ny and removal of her lymph nodes and completed ven months of intensive treatments, Peggy noticed a eness under her own left arm. A mammogram, ultra-nd and examinations by two doctors found nothing. because of her sister's history, Peggy persisted until ny's surgeon confirmed breast cancer with a needle

"I wasn't really afraid of dying. I was afraid of living," Ginny says. "I felt like dying would be so easy, just to let go." At night she lay awake worrying the cancer had returned. "I was afraid of everything. It took months to get back in control."

To cope, Ginny attended a breast-cancer support group and saw a therapist. She also took Paxil, an antidepressant, and kept a journal, writing about dying and planning her own funeral. "Writing it down got it off my mind," she explains.

But the key to regaining her stability has been the hour she spends each morning and evening doing deep breathing, meditation and yoga. "It makes me feel more centered," Ginny says. "I don't have to look at the past or think of the future. I just enjoy what's happening at that moment. It slows everything down so I can just calm myself."

In spite of everything, Ginny says that having cancer turned out to be a surprisingly good experience. "My faith has become stronger through it all. I look back, and I'm a better person now. Little things that used to bother me are so trivial now.

(continued on page 160)



A stretchy sleeveless T-shirt (left) in an unexpected color mix lends trendy energy to conservative slacks or a skirt. But for maximum voltage, think lemon yellow. This gently flowing matte jersey knit sundress (right) easily fudges five extra pounds and provides welcome relief when you're bored silly with separates. Both items by Lola. Tee, $48; dress, $76.

summer refre



How to beat wardrobe boredom—that all-too-common mid-season syndrome? With a few fun new pieces that will recharge your look.

By Lois Joy Johnson

shments



Tap into a trend inexpensively with a citrus-bright summer pullover, ribbed for shapely curves. This one by Erik Stewart is $44. Want to add a fresh note to work clothes you've worn a hundred times over? A crisp white shirt is the can't-miss solution. Chaiken & Capone's fitted version (right, $150) has a convertible collar that can be buttoned or left open as a V. Of course, you can find nice ones for as little as $30.



Treating yourself to a colorful new sundress or top can ward off monotony and make you feel instantly pretty or chic

made in the shade

Lack of sun and a hilly terrain didn't stop these amate personal paradise out of a thickly wooded yard. Produc



Through the canopy of leaves, rays of sunlight dapple and dance



gardeners from creating a

by Kimberlie A. Waugh



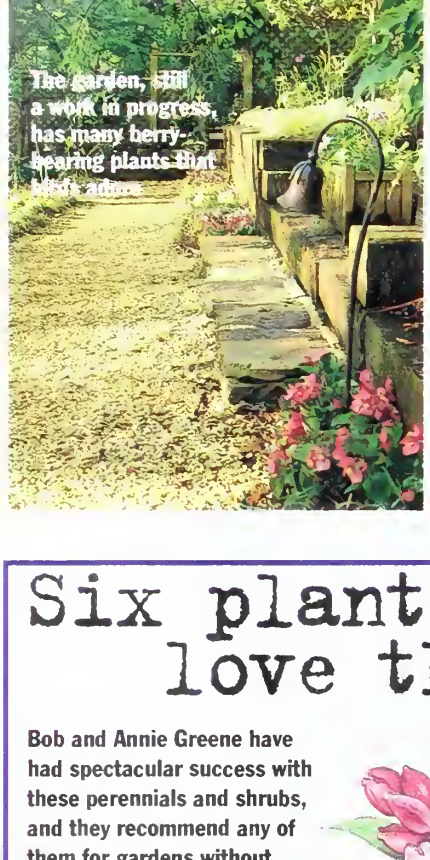
The Greenes let the play area that started it all ... Now they have many scenic spots to enjoy—such as a terrace near the Louisiana River House–style home and a wooden footbridge.



Faced with the ultimate design challenge—a steeply sloped, heavily wooded and shaded plot—Atlanta homeowners Bob and Annie Greene took horticultural lemons and made lemonade. The pair, both interior designers with little gardening experience, started with a modest goal: to create a play area for their daughter, Cameron, now seven. But along the way they caught the gardening bug, and over the course of a year their original plan to terrace a section in back of the house for a swing set grew into a scheme to landscape the entire one-acre property.

"I'd walk around and say, 'Wouldn't it be nice to have a path here or a wall there?'" recalls Annie of the days when their project first started to mushroom. Bob, meanwhile, spent hours immersed in gardening books, gathering ideas of his own.

A few things were agreed upon: The couple wanted to keep as many trees as possible to preserve the sense of lush wilderness. They also liked the idea of creating separate "rooms" on the property, like a fenced herb garden (both Greenes love to cook) and secluded seating areas at different elevations along the slope. They experimented with the design on site by spraying landscape marking paint on the ground to plot locations for paths and beds, then hired a landscaping company to do the actual construction and planting. Because the steep grade made it impossible to bring machinery *(continued)*



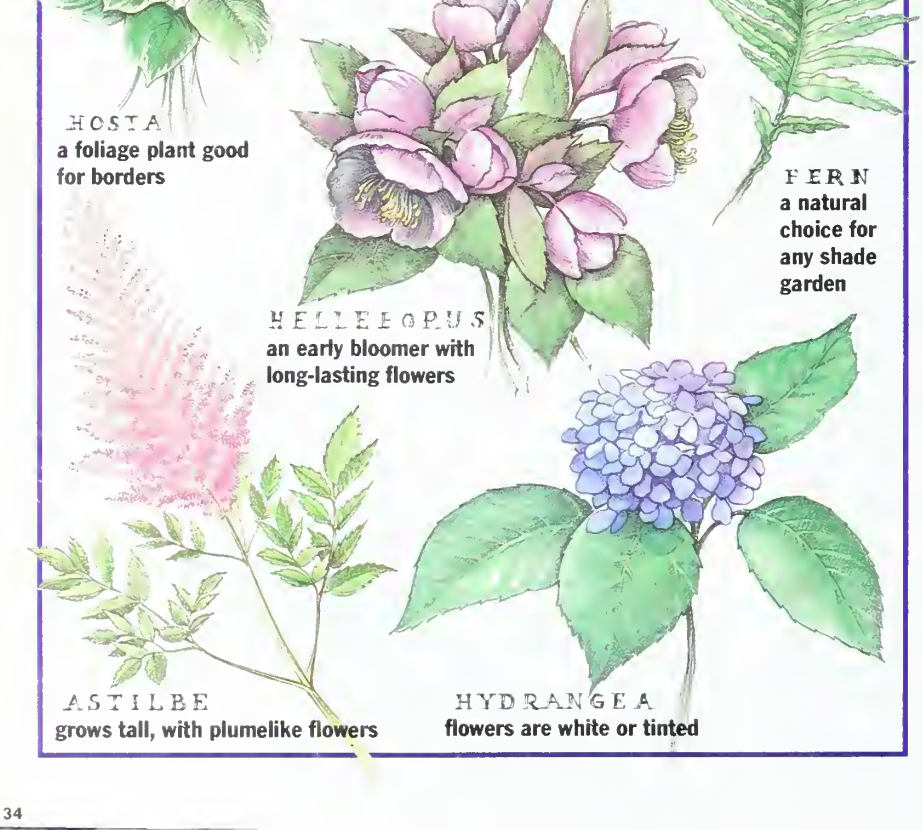
The garden, still a work in progress, has many berry-bearing plants that birds adore.





Six plants that love the shade

Bob and Annie Greene have had spectacular success with these perennials and shrubs, and they recommend any of them for gardens without much sun.



RHODODENDRON
a flowering shrub with clustered flowers

HOSTA
a foliage plant good for borders

FERN
a natural choice for any shade garden

HELLEBORUS
an early bloomer with long-lasting flowers

ASTILBE
grows tall, with plumelike flowers

HYDRANGEA
flowers are white or tinted

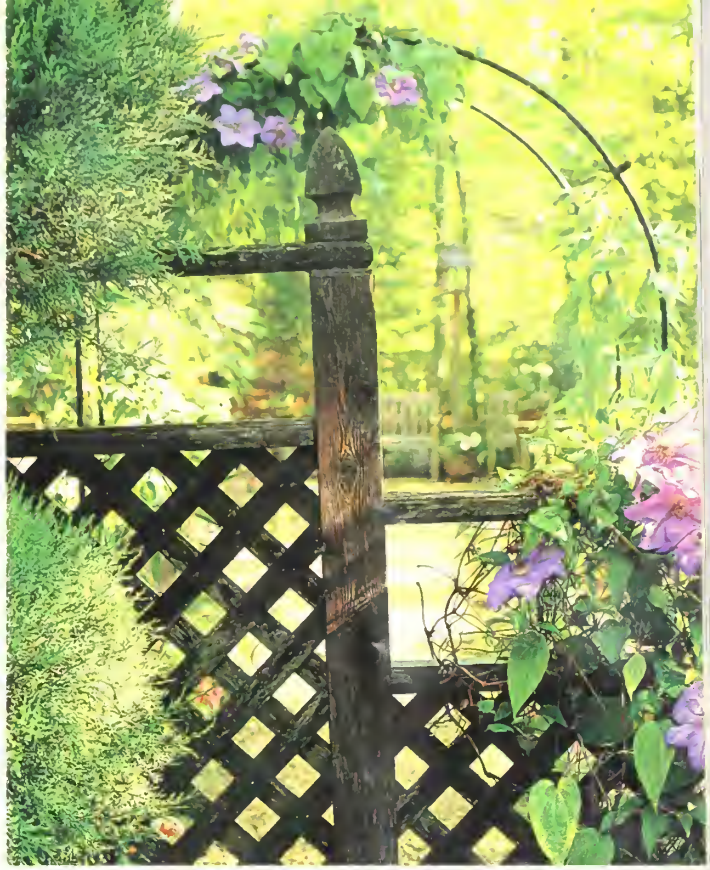
(continued) out back, all the terrace and irrigation ditches had to be du manually, and all materials, includ ing tons of river stones for the path ways, had to be carried by hand.

The biggest challenge, though, wa finding plants that could thrive in th deep, leafy shade—a welcome relie from an Atlanta summer's heat but frustration to any gardener who ha lusted after showy, sun-loving bloom "We learned by costly trial and error, admits Bob. Over time, they discov ered a host of flowering perennials verdant shrubs and lush ground cov ers that do well in low light.

Many gardens have only a two week-long window during which the look their best. But the Greenes' i beautiful in every season. Meander ing stone paths lead from the herb garden to a Japanese-style pond, re plete with a small waterfall an bridge. Five different seating area encourage visitors to stop and savo the scenery. Low stone walls, wood en trellises, birdhouses and iro arches also add year-round interest.

Ask each Greene what he or sh likes best about the garden, an you'll hear something different. Annie a native of Scotland, values it mos for its generational link—she trans planted cuttings from her late par ents' garden back home. Toppin Cameron's list is a new treehouse And Bob enjoys nothing more tha wandering the grounds in the morn ing. "I love to watch the early ray of sun filter through the trees," h says. "It's like watching the worl through lace." —*Jill Kirchne*

he owners
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t of the woodland they carved pockets of tranquillity,
ding splashes of color to the cool and lush green



The slope of the terrain made it possible to create several terraced seating areas that float – remote from one another, even though the property is not very large

Also In Family Size.



Bite Into

Some people just can't get enough Minute Maid® Premium Orange Juice. And no wonder. It has the taste of eating a fresh, ripe orange. Try our Minute Maid. And don't just sip it–bite into it

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FOOD

JOURNAL



Sour Slaw
from *Chefs' Salads*



Lemon Shortcake with Plums
from *Let Them Eat Shortcake*



Chinese Ribs
from *All Fired Up*

July Sparklers

It's time for fireworks and flag-waving, and this month we've got the perfect Fourth fare, from all-American shortcake piled high with fruit to barbecued ribs that will stick to your you-know-where. We've even got star-spangled salads—fresh ideas from top chefs in the nation. Enough to keep the celebration going all summer long!

Lemon Shortcake with Plums

A delightful new twist on the strawberry classic!

Prep time: 35 minutes plus standing
Baking time: 23 to 25 minutes

Shortcake
- *2 cups all-purpose flour*
- *¼ cup plus 2 teaspoons sugar*
- *1 tablespoon baking powder*
- *1 tablespoon grated lemon peel*
- *½ teaspoon salt*
- *½ cup butter, cut up*
- *½ cup milk*
- *1 large egg, beaten*
- *2 teaspoons heavy cream*

7 plums, thinly sliced, divided
8 tablespoons sugar, divided
1 tablespoon lemon juice
1½ cups heavy cream, divided
½ cup mascarpone cheese
1 teaspoon vanilla extract

1. *Shortcake:* Heat oven to 400°F. Grease a 9-inch round cake pan. Combine flour, ¼ cup sugar, baking powder, peel and salt in bowl. Cut in butter. Add milk and egg to dry ingredients, tossing with a fork to form a dough. On a floured surface, knead dough 4 times until smooth. Pat into pan. Brush top with cream; sprinkle with remaining sugar. Bake 23 to 25 minutes, until golden. Cool, then split.
2. Cook 1 sliced plum, 6 tablespoons sugar and juice until plum is soft, 8 minutes. Stir in remaining plums; cool.
3. Whisk ¼ cup cream, mascarpone, remaining sugar and vanilla in bowl. Beat remaining cream to soft peaks; fold in mascarpone. Spoon half the plums and the whipped cream on bottom cake. Top with top of cake. Serve with remaining plums and cream. Makes 8 servings.

Per serving: 430 calories, 21.5 g total fat, 13.5 g saturated fat, 79 mg cholesterol, 347 mg sodium, 53 g carbohydrates, 6 g protein, 168 mg calcium

Sweet-and-Sour Slaw

Frank Brigtsen, Brigtsen's Restaurant, New Orleans

One of Brigtsen's favorite salads to serve with barbecue, this confetti slaw features a surprising combo of red and green cabbage, shredded carrot, tart apple, sliced red onion, multicolored bell peppers and chopped peanuts.

Total prep time: 20 minutes

Dressing
- *¼ cup rice wine vinegar*
- *1 tablespoon Asian sesame oil*
- *1 teaspoon sugar*
- *1 teaspoon soy sauce*
- *¼ teaspoon salt*
- *⅛ teaspoon red pepper sauce*
- *¼ cup peeled and shredded Granny Smith apple*

2 cups thinly sliced red cabbage
2 cups thinly sliced napa or green cabbage
⅓ cup shredded carrot
¼ cup thinly sliced red onion
¼ cup thinly sliced red pepper
¼ cup thinly sliced yellow pepper
⅓ cup thinly sliced chives or ¼ cup green onion
⅓ cup unsalted peanuts, chopped

1. *Dressing:* Whisk together all ingredients in bowl.
2. Toss red and napa cabbage, carrot, onion, peppers and chives with dressing. *(Can be made ahead. Cover and refrigerate up to 2 hours.)* Transfer to serving bowl and sprinkle with peanuts. Makes 4 servings.

Per serving: 140 calories, 9.5 g total fat, 1.5 g saturated fat, 0 mg cholesterol, 238 mg sodium, 11 g carbohydrates, 4 g protein, 65 mg calcium

Frozen Assets



Stock up on summer's bumper crop of fresh raspberries, blueberries and hulled strawberries—and enjoy well into winter! Arrange unwashed berries in a single layer, ½ inch apart, on cookie sheets; freeze overnight until firm. Transfer frozen fruit to plastic freezer bags; seal and freeze up to 6 months. (Wash frozen berries before using in your favorite recipes.)

Chinese Ribs

Indulgent But Worth It

These sweet and spicy ribs with Chinese five-spice powder (a blend of cinnamon, cloves, fennel, star anise and Szechuan peppercorns) sure beat the takeout variety.

Prep time: 10 minutes plus marinating
Grilling time: 2½ to 3 hours

Marinade
- *1 jar (7.25 to 8.5 oz.) hoisin sauce*
- *¾ cup honey*
- *¾ cup dry sherry*
- *¼ cup soy sauce*
- *1 tablespoon grated ginger*
- *1 tablespoon minced garlic*
- *1 teaspoon Chinese five-spice powder*
- *1 teaspoon pepper*

6 pounds pork loin back ribs (baby back ribs)
Vegetable Fried Rice (recipe on page 146)

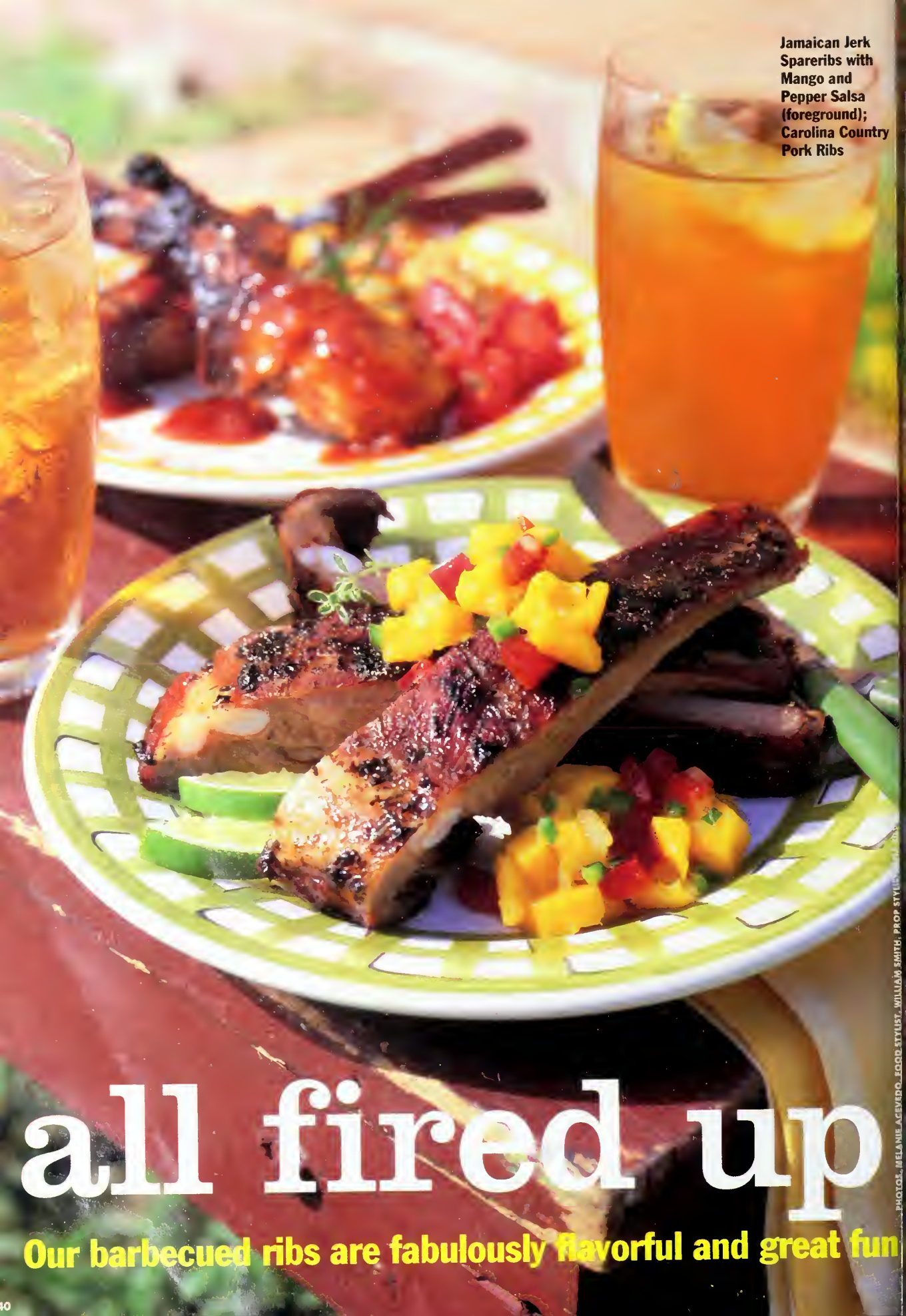
1. *Marinade:* Combine all ingredients in small bowl.
2. Line a large disposable foil pan with plastic wrap; add ribs and marinade. Cover and refrigerate overnight.
3. Remove ribs from pan. Pour marinade into bowl; discard plastic wrap. Set pan aside to use as drip pan. Prepare grill as directed (see box page 144).
4. Arrange ribs in rib rack*. Place on grill rack over drip pan. Cover and grill ribs over low fire (275°F. to 300°F.), 2½ to 3 hours, basting with marinade every 30 minutes until meat is very tender. Serve with Vegetable Fried Rice. Makes 6 servings.

*See special offer, page 146

Per serving: 1,050 calories, 65 g total fat, 24 g saturated fat, 258 mg cholesterol, 1,564 mg sodium, 57 g carbohydrates, 54 g protein, 110 mg calcium



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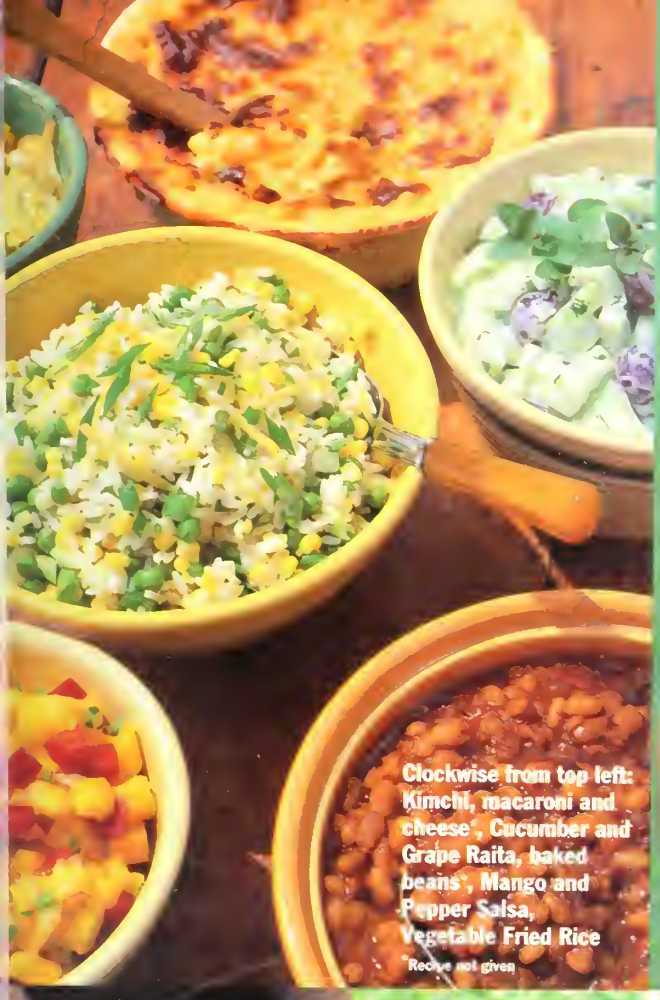


Jamaican Jerk Spareribs with Mango and Pepper Salsa (foreground); Carolina Country Pork Ribs

all fired up

Our barbecued ribs are fabulously flavorful and great fun

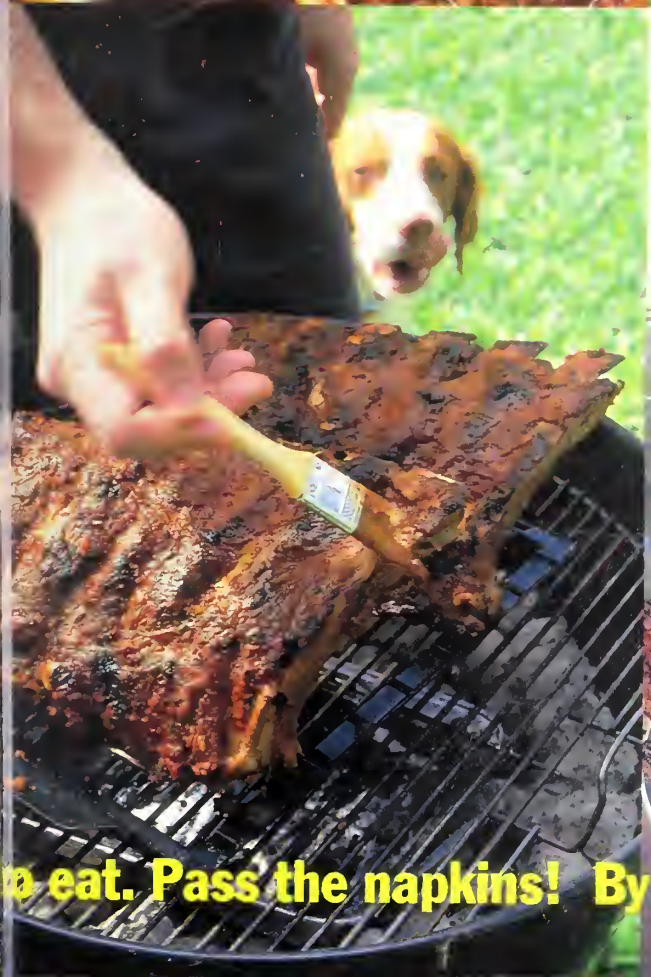
PHOTOS, MELANIE ACEVEDO. FOOD STYLIST, WILLIAM SMITH. PROP STYLIST,



Clockwise from top left: Kimchi, macaroni and cheese*, Cucumber and Grape Raita, baked beans*, Mango and Pepper Salsa, Vegetable Fried Rice

*Recipe not given





Bottom left: Texas Barbecue Ribs. Bottom right: Korean Barbecue Ribs



o eat. Pass the napkins! By Jan Turner Hazard

○ Easy ● Challenging ▼ Low-fat
◒ Moderate ⊙ Microwave ▽ Low-calorie
❄ Can be frozen up to 1, 3, 6, or 9 months

JAMAICAN JERK SPARERIBS

Watch out! In the spice rub there's a habanero chile, one of the hottest chiles around. So be sure to wear rubber gloves when handling. To balance the fiery heat, the seasoning for these spareribs also has allspice, cinnamon and nutmeg—the classic "jerk" flavors of Jamaican cooking.

Prep time: 20 minutes plus marinating
Grilling time: 2½ to 3 hours ◒

Spice Rub
- *2 bunches green onions, sliced*
- *1 habanero or jalapeño chile, seeded*
- *2 tablespoons sugar*
- *2 tablespoons thyme*
- *1 bay leaf*
- *2 tablespoons minced garlic*
- *1 tablespoon salt*
- *2 teaspoons allspice*
- *2 teaspoons cinnamon*
- *2 teaspoons freshly ground pepper*
- *½ teaspoon freshly grated nutmeg*

6 pounds pork spareribs
Mango and Pepper Salsa; Cucumber and Grape Raita (recipes follow)

1. *Make spice rub:* Process all ingredients in food processor until a thick paste forms.
2. Line a disposable foil pan with plastic wrap. Add ribs. Divide spice rub and spread over both sides of ribs. Cover and refrigerate overnight.
3. Prepare grill as directed (see box page 144). Remove ribs from pan; discard plastic wrap. (Set pan aside to use as drip pan.)
4. Arrange ribs in rib rack* and place in center of grill directly over drip pan. Cover and grill over low fire (275°F. to 300°F.) 2½ to 3 hours, adding 5 to 9 briquettes to each side every 30 minutes (if using a charcoal grill), until meat is very tender. Serve with Mango and Pepper Salsa and Cucumber and Grape Raita. Makes 8 servings.

*FOR SPECIAL OFFER, SEE PAGE 146

PER SERVING		DAILY GOAL
Calories	560	2,000(F), 2,500(M)
Total fat	40.5 g	60 g or less (F); 70 g or less (M)
Saturated fat	15 g	20 g or less (F); 23 g or less (M)
Cholesterol	161 mg	300 mg or less
Sodium	954 mg	2,400 mg or less
Carbohydrates	8 g	250 g or more
Protein	39 g	55 g to 90 g
Calcium	128 mg	800 mg (F); 800 mg (M)

MANGO AND PEPPER SALSA

This cool, refreshing topper contrasts nicely with hot and spicy ribs, but it's also great with grilled chicken or fish.

Total prep time: 25 minutes ○ ▼

Boiling water
¼ cup minced onion
½ cup diced red pepper
¼ cup fresh lime juice
1 teaspoon distilled white vinegar
1 teaspoon minced jalapeño
¼ teaspoon salt
2 ripe mangoes, peeled and diced

Pour enough boiling water to cover onion in bowl. Let stand 1 minute; drain. Combine with remaining ingredients in bowl. Serve with Jamaican Jerk Spareribs. Makes 8 servings.

PER SERVING		DAILY GOAL
Calories	20	2,000(F), 2,500(M)
Total fat	0 g	60 g or less (F); 70 g or less (M)
Saturated fat	0 g	20 g or less (F); 23 g or less (M)
Cholesterol	0 mg	300 mg or less
Sodium	69 mg	2,400 mg or less
Carbohydrates	10 g	250 g or more
Protein	0 g	55 g to 90 g
Calcium	8 mg	800 mg (F); 800 mg (M)

CUCUMBER AND GRAPE RAITA
Budget Recipe Of The Month

Raita is an Indian yogurt salad often served with spicy dishes. This version with red seedless grapes is sure to become a summertime favorite.

Total prep time: 25 minutes plus chilling ○ ▼ ▽

Dressing
- *¾ teaspoon cumin seeds*
- *1 container (16 oz.) low-fat plain yogurt*
- *1 medium onion, chopped*
- *4 large cloves garlic, finely chopped*
- *3 tablespoons chopped fresh mint*
- *¼ teaspoon grated lime peel*
- *1 tablespoon fresh lime juice*
- *1¼ teaspoons salt*
- *1 teaspoon honey*
- *⅛ teaspoon ground red pepper*

3 cucumbers, cut in half lengthwise, peeled, seeded and quartered
2 cups seedless red grapes, cut in half

1. *Make dressing:* Heat small skillet over medium-high heat; add cumin seeds and toast 1 minute, shaking pan. Transfer to large bowl. Whisk in remaining ingredients until smooth.
2. Slice cucumbers; stir into dressing with grapes. Cover and refrigerate 1 hour. Serve with Jamaican Jerk Spareribs. Makes 8 servings.

PER SERVING		DAILY GOAL
Calories	90	2,000(F), 2,500(M)
Total fat	1.5 g	60 g or less (F); 70 g or less (M)
Saturated fat	1 g	20 g or less (F); 23 g or less (M)
Cholesterol	3 mg	300 mg or less
Sodium	389 mg	2,400 mg or less
Carbohydrates	17 g	250 g or more
Protein	4 g	55 g to 90 g
Calcium	133 mg	800 mg (F); 800 mg (M)

(continued)

Stick To Your Ribs!

All about pork and beef ribs

● PORK SPARERIBS **Spareribs are the most widely available and least expensive kind of pork ribs. Most sold in supermarkets have the breastbone attached, so ask the butcher to remove it along with excess cartilage.**

● PORK LOIN BACK RIBS (BABY BACK RIBS) **Smaller and more uniform in size than spareribs, pork loin back ribs are distributed to restaurants (where they commonly appear on menus as baby back ribs) and are available at supermarkets and meat markets. While back ribs are a bit more expensive than other varieties of pork ribs, they're worth the price because they have plenty of meat between the bones. Use them interchangeably with spareribs in recipes.**

● PORK SHOULDER OR LOIN COUNTRY-STYLE RIBS (COUNTRY RIBS) **Country ribs, the meatiest kind of pork ribs, sometimes look similar to pork chops because of the generous amount of pork loin attached to the bone.**

● BEEF SHORT RIBS **Beef short ribs are cut from the tip of the ribs and can be bought bone-in or boneless. Some ribs are cut across the tips of several rib bones, for a cross section of three or four ribs.**

● BEEF BACK RIBS **Giant-sized beef back ribs have always been a popular cut of beef for barbecuing in Texas. Because these ribs are attached to the rib-eye roast, the meat between the bones is extra tender.**

On the advantages of owning a spoon



To get all the refreshment of a cool Strawberry Jell-O® snack, you need a spoon.
Same goes for a creamy Jell-O® Pudding snack. Of course, you could use your fingers.
But then you would need to own a napkin.





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JELL-O

KOREAN BARBECUE RIBS

These thick, meaty short ribs are so hearty, you'll only need one rib per serving.

Prep time: 20 minutes plus marinating
Grilling time: 4 hours

Marinade
- *2 large bunches green onions*
- *1 cup sake or dry sherry*
- *1 cup soy sauce*
- *½ cup Asian sesame oil*
- *¼ cup sugar*
- *2 tablespoons grated fresh ginger*
- *2 tablespoons minced garlic*
- *2 tablespoons toasted sesame seeds*

7 pounds beef short ribs, well trimmed of fat
Kimchi (recipe follows)

1. *Make marinade:* Remove green tops from onions; finely chop and reserve. *(Cover and refrigerate overnight for garnish.)* Chop remaining white part of onions and combine with remaining marinade ingredients in small bowl.
2. Line a large disposable foil pan with plastic wrap. Add ribs and marinade, turning several times to coat. Cover and refrigerate overnight.
3. Prepare grill as directed (see box below). Remove ribs from pan. Transfer marinade to bowl; discard plastic wrap. Set pan aside to use as drip pan.
4. Arrange ribs in rib rack* and place in center of grill over drip pan. Cover and grill ribs over low heat (275°F. to 300°F.) 4 hours, adding 8 to 9 briquettes to each side every 30 minutes (if using a charcoal grill) and basting ribs with marinade every 30 minutes until meat is very tender. Sprinkle with reserved green onions. Serve with Kimchi. Makes 8 servings.

*FOR SPECIAL OFFER, SEE PAGE 146

PER SERVING		DAILY GOAL
Calories	745	2,000(F), 2,500(M)
Total fat	59 g	60 g or less (F); 70 g or less (M)
Saturated fat	23 g	20 g or less (F); 23 g or less (M)
Cholesterol	143 mg	300 mg or less
Sodium	1,113 mg	2,400 mg or less
Carbohydrates	8 g	250 g or more
Protein	39 g	55 g to 90 g
Calcium	44 mg	800 mg (F); 800 mg (M)

KIMCHI

Korean kimchi is a hot and spicy pickled cabbage with onions and chiles.

Total prep time: 20 minutes plus standing and chilling

1 medium head napa (Chinese) cabbage
½ cup kosher salt
1 medium onion, thinly sliced
1 tablespoon grated fresh ginger
2 teaspoons minced garlic
¼ teaspoon ground red pepper
1 Thai or serrano chile, minced
½ cup soy sauce

1. Quarter cabbage lengthwise and remove core. Slice into 2x1-inch-thick slices. Combine cabbage, 10 cups water and salt in large glass bowl. Cover loosely with plastic wrap. Top with a heavy plate small enough to fit inside the bowl to weigh down the cabbage. Let stand at room temperature 4 hours.
2. Drain cabbage in colander, rinsing well with cold water. Drain again; return to bowl.
3. Rinse onion in colander under hot water; drain. Combine cabbage, onion, 3 cups water and remaining ingredients in bowl. Cover and refrigerate overnight. Serve with Korean Barbecue Ribs. Makes 8 servings.

PER SERVING		DAILY GOAL
Calories	40	2,000(F), 2,500(M)
Total fat	0 g	60 g or less (F); 70 g or less (M)
Saturated fat	0 g	20 g or less (F); 23 g or less (M)
Cholesterol	0 mg	300 mg or less
Sodium	1,225 mg	2,400 mg or less
Carbohydrates	8 g	250 g or more
Protein	3 g	55 g to 90 g
Calcium	102 mg	800 mg (F); 800 mg (M)

CAROLINA COUNTRY PORK RIBS

While they share certain qualities, barbecue sauces from different regions within the Carolinas have their own special distinctions. This one, from the western part of North Carolina, is a typical blend of vinegar, sugar and ground red pepper, but stands out for its addition of ketchup.

Prep time: 25 minutes plus marinating
Grilling time: 2½ to 3 hours

Marinade
- *1 cup apple cider vinegar*
- *2 teaspoons dry mustard*
- *½ cup water*
- *1 tablespoon crushed red pepper*
- *1 tablespoon minced garlic*
- *1 tablespoon sugar*
- *2 teaspoons salt*
- *1 teaspoon freshly ground pepper*
- *1 teaspoon thyme*

6 pounds pork shoulder country-style ribs

Barbecue Sauce
- *1 teaspoon vegetable oil*
- *½ cup finely chopped onion*
- *1 tablespoon minced garlic*
- *1 cup apple cider vinegar*
- *1 cup ketchup*
- *¼ cup sugar*
- *2 tablespoons fresh lemon juice*
- *1 tablespoon Worcestershire Sauce*
- *1 teaspoon ground red pepper*
- *1 teaspoon salt*
- *½ teaspoon freshly ground pepper*

1. *Make marinade:* Whisk vinegar and mustard in small bowl until smooth. Whisk in remaining ingredients.
2. Line a large disposable foil pan with plastic wrap. Add ribs and marinade, turning several times to coat. Cover and refrigerate overnight.
3. *Make barbecue sauce:* Heat oil in saucepan over medium heat. Add onion and garlic and cook until softened, 5 minutes. Stir in remaining ingredients and bring to boil; reduce heat and simmer 30 minutes, stirring *(continued)*

The Art of the Barbecue

For the best barbecue flavor, ribs require indirect-heat cooking, with the ribs positioned between two banks of hot coals (instead of directly over them) and the grill covered so the meat can smoke slowly until tender.

FOR GAS: Place a large disposable foil pan in center of bottom grate. Add 2 cups hot water to pan. Cover grill and heat burners on High, 500°F. to 550°F., 10 to 15 minutes. For triple-burner grill, turn center burner off (for double burner, turn one burner off) and reduce heat to medium or medium-low on remaining burners.

FOR CHARCOAL BRIQUETTES: Open all vents. Build two equal piles of briquettes (16 to 30 total, depending on the size of your grill) opposite each other on bottom grate near the grill's edge. Ignite and burn briquettes 25 to 30 minutes until coals are covered with a light coating of gray ash. (If one side seems hotter than the other, use long-handled tongs to rearrange coals.) Place a disposable foil drip pan in center of bottom grate. Add 2 cups hot water to pan. Position top grill rack with handles over coals so that additional coals can be added through openings provided in rack for this purpose.

Arrange ribs in rib rack* and place in center of grill directly over drip pan. Cover and grill as directed.

*FOR SPECIAL OFFER, SEE PAGE 146

Why pudding's going to be hot this summer.



It's cooler than air conditioning on a sultry day. Just mix any flavor of Jell-O® Pudding with one and one-half cups milk and 8 ounces of Cool Whip.® Freeze. Then button up.



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JELL-O®

occasionally. Transfer to microwaveproof bowl; cool. *(Can be made ahead. Cover and refrigerate overnight.)*
4. Prepare grill as directed (see box page 144). Remove ribs from pan. Transfer marinade to bowl; discard plastic wrap. Set pan aside to use as drip pan.
5. Arrange ribs in rib rack* and place in center of grill directly over drip pan. Cover and grill ribs over low fire (275°F. to 300°F.) 2½ to 3 hours, adding 5 to 9 briquettes to each side every 30 minutes (if using a charcoal grill) and basting ribs with marinade every 20 minutes until meat is tender.
6. Microwave barbecue sauce on High 2 to 2½ minutes until hot. Serve ribs with barbecue sauce and macaroni and cheese, if desired. Makes 6 servings.
*SEE SPECIAL OFFER RIGHT

PER SERVING WITH BARBECUE SAUCE		DAILY GOAL
Calories	755	2,000(F), 2,500(M)
Total fat	51.5 g	60 g or less (F); 70 g or less (M)
Saturated fat	19 g	20 g or less (F); 23 g or less (M)
Cholesterol	205 mg	300 mg or less
Sodium	1,200 mg	2,400 mg or less
Carbohydrates	15 g	250 g or more
Protein	57 g	55 g to 90 g
Calcium	95 mg	800 mg (F); 800 mg (M)

TEXAS BARBECUE RIBS
Food Editor's Favorite

For authentic Texas barbecue, you need to use a rich tomato-based sauce, slowly simmered with beer, brown sugar and red pepper sauce.

Prep time: 25 minutes plus marinating
Grilling time: 2½ to 3 hours ◒

Spice Rub
- *3 tablespoons paprika*
- *1 tablespoon thyme*
- *1 tablespoon chili powder*
- *1 tablespoon granulated onion*
- *1 tablespoon salt*

6 pounds beef back ribs

Barbecue Sauce
- *2 teaspoons vegetable oil*
- *1 cup chopped onions*
- *1 tablespoon minced garlic*
- *1 tablespoon chili powder*
- *½ teaspoon ginger*
- *⅛ teaspoon ground cloves*
- *1 can (15 or 16 oz.) crushed tomatoes*
- *1 can (12 oz.) beer*
- *½ cup light molasses*
- *½ cup firmly packed brown sugar*
- *⅓ cup cider vinegar*
- *3 tablespoons Worcestershire sauce*
- *1 teaspoon salt*
- *1 teaspoon red pepper sauce*

1. *Make spice rub:* Combine all ingredients in small bowl. Line a large disposable foil pan with plastic wrap. Divide rub and spread over both sides of ribs; place ribs in prepared pan. Cover and refrigerate overnight.
2. *Make barbecue sauce:* Heat oil in large saucepan over medium heat. Add onions and garlic; cook 4 to 5 minutes until lightly browned. Stir in chili powder, ginger and cloves; cook 20 seconds. Stir in remaining ingredients; bring to boil. Reduce heat and simmer, stirring, 25 minutes. Cool. Puree in blender in batches; return to pan. Bring to a simmer; cook 10 minutes, stirring occasionally. *(Can be made ahead. Refrigerate in airtight container up to 1 week.)*
3. Prepare grill as directed (see box page 144). Remove ribs from pan; discard plastic wrap. (Set pan aside to use as drip pan.)
4. Arrange ribs in rib rack* and place in center of grill directly over drip pan. Cover and grill ribs over low fire (275°F. to 300°F.) 1½ hours, adding 5 to 9 briquettes to each side every 30 minutes (if using a charcoal grill). Remove 1 cup barbecue sauce to bowl for basting. During last hour of cooking, brush ribs with some of the basting sauce every 20 minutes until meat is very tender (discard excess sauce). Serve ribs with remaining sauce and baked beans, if desired. Makes 8 servings.
*SEE SPECIAL OFFER RIGHT

PER SERVING		DAILY GOAL
Calories	745	2,000(F), 2,500(M)
Total fat	49.5 g	60 g or less (F); 70 g or less (M)
Saturated fat	19.5 g	20 g or less (F); 23 g or less (M)
Cholesterol	137 mg	300 mg or less
Sodium	1,347 mg	2,400 mg or less
Carbohydrates	37 g	250 g or more
Protein	38 g	55 g to 90 g
Calcium	123 mg	800 mg (F); 800 mg (M)

VEGETABLE FRIED RICE

A delicate version of Asian rice, with fresh corn, peas and green onion (or any diced cooked vegetable you like), plus crisp fried strips of fresh ginger.

Prep time: 30 minutes ○
Cooking time: 14 minutes

- *1 cup long-grain rice*
- *3 tablespoons rice wine vinegar*
- *2 tablespoons soy sauce*
- *1 tablespoon Asian sesame oil*
- *3 tablespoons vegetable oil*
- *1 piece (2 oz.) fresh ginger, peeled and cut into matchsticks (about ½ cup)*
- *1 cup chopped onions*
- *1 tablespoon minced garlic*
- *1 cup frozen or fresh corn kernels*
- *1 cup frozen or fresh peas*
- *1 large bunch green onions, chopped*

1. Cook rice according to package directions. Rinse in colander under cold water until cool. Drain; set aside.
2. Meanwhile, whisk vinegar, soy sauce and sesame oil in small bowl. Set aside.
3. Heat vegetable oil in large nonstick skillet over medium-high heat. Cook ginger 3 minutes, stirring twice, until golden and crisp. Remove with slotted spoon to paper towels to drain.
4. Add onions and garlic to skillet; cook 3 minutes. Stir in corn, peas and green onions; cook 5 minutes. Add rice and vinegar mixture; cook 2 minutes until rice is heated through. Stir in reserved ginger. Serve with Chinese Ribs (see page 138). Makes 6 servings.

PER SERVING		DAILY GOAL
Calories	280	2,000(F), 2,500(M)
Total fat	10 g	60 g or less (F); 70 g or less (M)
Saturated fat	1.5 g	20 g or less (F); 23 g or less (M)
Cholesterol	0 mg	300 mg or less
Sodium	383 mg	2,400 mg or less
Carbohydrates	43 g	250 g or more
Protein	6 g	55 g to 90 g
Calcium	38 mg	800 mg (F); 800 mg (M)

Recipes by Jane Yagoda Goodman and Cynthia DePersio

LHJ SPECIAL OFFER

Rack It Up!



We barbecued our ribs using the Weber Premium Rib Rack. This rack is perfect for large or small quantities of ribs, chicken or extra-thick chops. The adjustable nickel-plated wire rack is set in a porcelain-on-steel base for increased cooking area. It snaps in and out of place on your grill, and is dishwasher safe. Fits all 18½-inch or larger kettles and all Weber gas barbecues. By special arrangement with Weber-Stephen Products Co., this adjustable rib rack is available for $47.95, which includes shipping, handling and applicable sales tax.

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Continued

○ Easy ● Challenging ▼ Low-fat
◒ Moderate ⊙ Microwave ▽ Low-colorie
❄ Can be frozen up to 1, 3, 6, or 9 months

STRAWBERRY SHORTCAKE

What's the secret to perfect strawberry shortcake? For the most tender biscuit, handle the dough as little as possible; for the juiciest filling, use a combo of mashed and sliced fresh berries. (Shortcake tastes best the day you bake it, but it can be frozen up to one month. Warm the cake in the oven, then assemble just before serving.)

Prep time: 35 minutes plus standing ○
Baking time: 23 to 25 minutes

Shortcake
- *2 cups all-purpose flour*
- *¼ cup granulated sugar*
- *1 tablespoon baking powder*
- *½ teaspoon salt*
- *½ cup cold unsalted butter, cut up (no substitutions)*
- *½ cup milk*
- *1 large egg*

Glaze
- *2 teaspoons heavy or whipping cream*
- *2 teaspoons granulated sugar*

Filling
- *3 pints fresh strawberries, hulled and divided*
- *6 tablespoons granulated sugar*
- *1 tablespoon fresh lemon juice*

Whipped Cream
- *1½ cups heavy or whipping cream*
- *2 tablespoons granulated sugar*
- *1 teaspoon vanilla extract*

Fresh mint leaves, for garnish (optional)

1. Heat oven to 400° F. Lightly coat a 9-inch round cake pan with vegetable cooking spray. Set aside.
2. *Make shortcake:* Combine flour, sugar, baking powder and salt in large bowl. With pastry blender or 2 knives, cut in butter until mixture resembles fine crumbs. Beat milk and egg in glass measure. Gradually add milk mixture to dry ingredients, tossing with a fork until dry ingredients are just moistened and dough begins to hold together. On lightly floured surface, gather dough into a ball; knead gently 3 to 4 times just until smooth. Gently press into prepared pan.
3. *Make glaze:* Brush top of dough with cream, then sprinkle evenly with sugar.
4. Bake 23 to 25 minutes, until top of shortcake is golden and toothpick inserted in center comes out clean. Cool in pan on wire rack 10 minutes. Run a small knife around edge of pan and invert onto rack. Remove pan and invert cake again right side up onto rack; cool completely.
5. *Make filling:* Meanwhile, mash 1½ cups strawberries with sugar in medium bowl. Slice and stir in remaining strawberries. Stir in lemon juice. Let stand 30 minutes, stirring occasionally, until sugar dissolves and strawberries are juicy.
6. *Make whipped cream:* Beat cream, sugar and vanilla in large mixer bowl on high speed to soft peaks.
7. *To assemble:* Split shortcake in half horizontally. Transfer bottom half to large dessert plate. Spoon half the filling over bottom, then top with half of whipped cream. Cover cream with remaining half of shortcake; spoon on remaining cream and berries. Garnish with mint leaves, if desired. Cut into 8 wedges. Makes 8 servings.

TO MAKE INDIVIDUAL SHORTCAKES: Grease a large cookie sheet. On lightly floured surface, roll shortcake dough ½ inch thick. With a 3-inch round cookie or biscuit cutter, cut out circles and transfer to prepared sheet. Gather and re-roll scraps to make 8 biscuits total. Glaze. Bake 16 to 18 minutes, or until tops are golden. Cool on wire rack. Split horizontally, then fill as directed.

PER SERVING		DAILY GOAL
Calories	485	2,000(F), 2,500(M)
Total fat	30.5 g	60 g or less (F); 70 g or less (M)
Saturated fat	18.5 g	20 g or less (F); 23 g or less (M)
Cholesterol	123 mg	300 mg or less
Sodium	355 mg	2,400 mg or less
Carbohydrates	49 g	250 g or more
Protein	6 g	55 g to 90 g
Calcium	173 mg	800 mg (F); 800 mg (M)

PRALINE PECAN SHORTCAKE WITH PEACHES
Test Kitchen Favorite

Peaches are perfectly paired with this rich brown-sugar-pecan shortcake and bourbon whipped cream. The peach filling couldn't be easier—tossed with sugar and lemon juice, the fruit doesn't even need to be peeled!

Prep time: 35 minutes plus standing ○
Baking time: 23 to 25 minutes

Prepare Strawberry Shortcake as directed except, for shortcake, *substitute ⅓ cup firmly packed dark brown sugar* for granulated sugar. Cut in butter as directed; stir in *½ cup chopped toasted pecans.* For glaze, *add ¼ teaspoon cinnamon* to sugar. For filling, *substitute 6 medium ripe peaches, sliced,* for strawberries and *increase granulated sugar* to *⅓ cup.* (Do not mash fruit.) Let stand 30 minutes, stirring occasionally. For whipped cream, *add 1 tablespoon bourbon.* Makes 8 servings.

PER SERVING		DAILY GOAL
Calories	570	2,000(F), 2,500(M)
Total fat	34.5 g	60 g or less (F); 70 g or less (M)
Saturated fat	18.5 g	20 g or less (F); 23 g or less (M)
Cholesterol	123 mg	300 mg or less
Sodium	358 mg	2,400 mg or less
Carbohydrates	60 g	250 g or more
Protein	7 g	55 g to 90 g
Calcium	177 mg	800 mg (F); 800 mg (M)

CHOCOLATE SHORTCAKE WITH CHERRIES
not pictured

This dessert is straight out of a die-hard chocolate fan's dreams. A triple-chocolate shortcake made with bittersweet chocolate and cocoa is filled with Bing cherries and mounds of white chocolate whipped cream.

Prep time: 40 minutes plus standing
Baking time: 23 to 25 minutes ○ ⊙

Prepare Strawberry Shortcake as directed except, for shortcake, *increase granulated sugar* to *½ cup* and *reduce baking powder* to *2½ teaspoons. Add ⅓ cup Dutch processed cocoa* to dry ingredients. Cut in butter as directed; stir in *3 squares (3 oz.) finely chopped bittersweet or semisweet chocolate.* For filling, *substitute 5 cups fresh Bing cherries, pitted and halved,* for strawberries and *increase granulated sugar* to *½ cup.* (Do not mash fruit.) Let stand 30 minutes, stirring occasionally.

For white chocolate whipped cream, combine *3 squares (3 oz.) white chocolate, finely chopped,* and *¼ cup of the cream* in small microwaveproof bowl. Microwave on High 30 to 60 seconds, stirring every 10 seconds until mixture is smooth. Let stand until cool, about 15 minutes. Beat remaining cream and vanilla in large mixer bowl until thickened. Add white chocolate mixture and beat just to soft peaks.

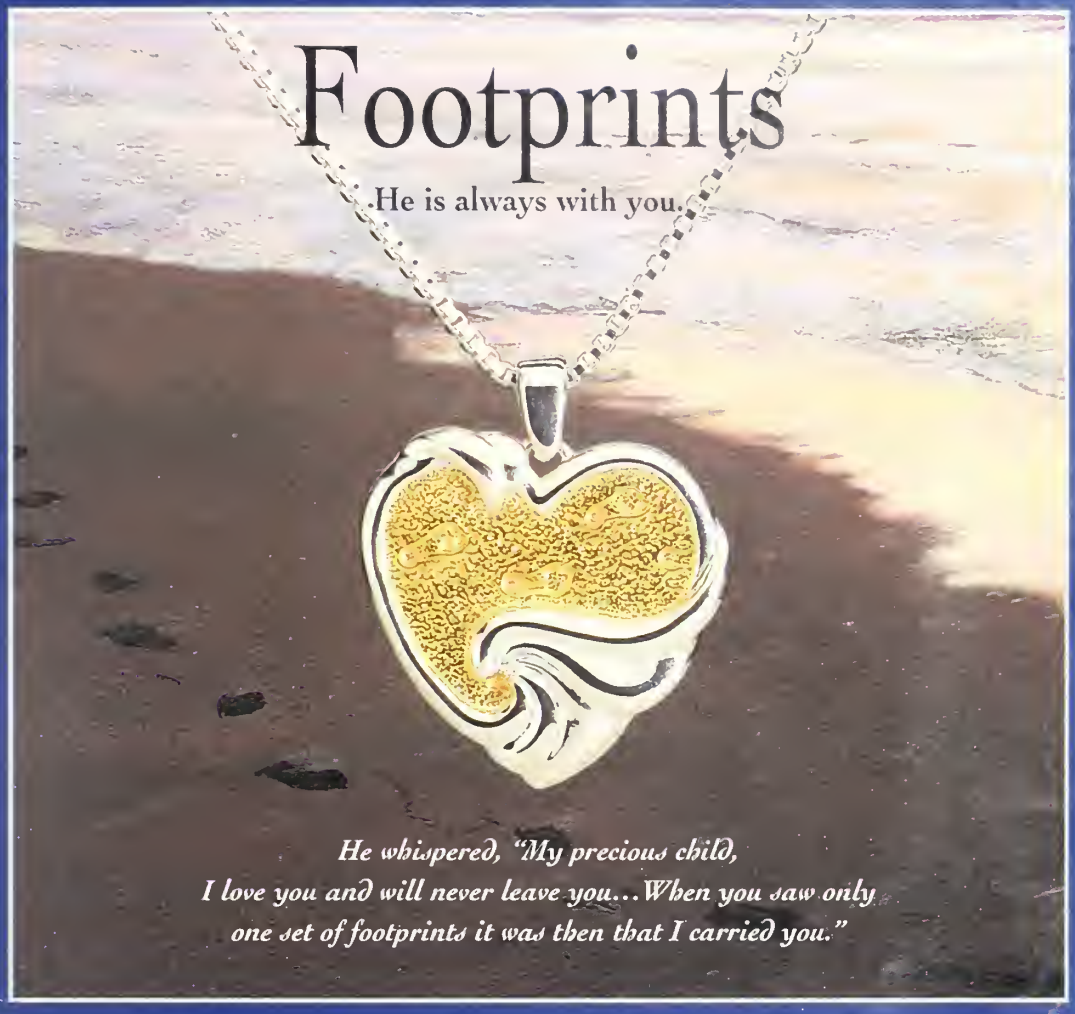
PER SERVING		DAILY GOAL
Calories	660	2,000(F), 2,500(M)
Total fat	38.5 g	60 g or less (F); 70 g or less (M)
Saturated fat	22.5 g	20 g or less (F); 23 g or less (M)
Cholesterol	123 mg	300 mg or less
Sodium	360 mg	2,400 mg or less
Carbohydrates	77 g	250 g or more
Protein	9 g	55 g to 90 g
Calcium	190 mg	800 mg (F); 800 mg (M)

Recipes by Sarah Reynolds

LENOX

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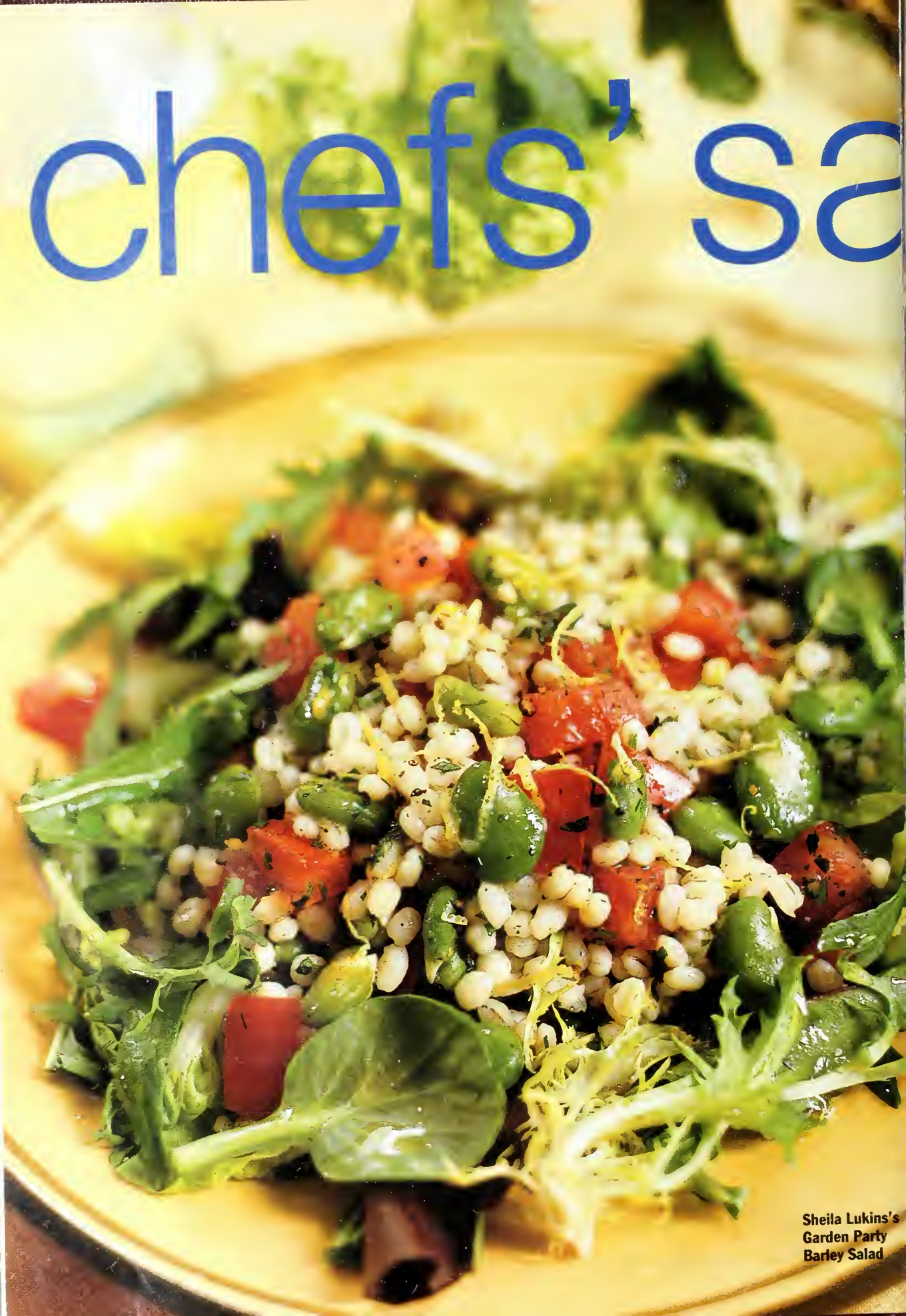
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nox, Inc. 1997

chefs' sa



Sheila Lukins's
Garden Party
Barley Salad

ads

Why settle for a lettuce-and-tomato combo when other options abound? So you don't have to, we asked chefs and cookbook authors to share their best side-salad recipes—we knew we'd get ideas that are as delightfully different as they are crisp and delicious. Case in point: Sheila Lukins's refreshing Garden Party Barley Salad (left). Which is our favorite? It's a toss-up



Charlie Trotter's Tropical Fruit and Green Salad with Vanilla Bean Dressing



Stephan Pyles's Jicama–Belgian Endive Salad with Tequila-Orange Vinai



Joyce Goldstein's Green Salad with Lemon, Mint and Pi

CHEFS' SALADS

Continued

○ Easy ● Challenging ▼ Low-fat
◒ Moderate Ⓜ Microwave ▽ Low-calorie
❄ Can be frozen up to 1, 3, 6, or 9 months

TROPICAL FRUIT AND GREEN SALAD WITH VANILLA BEAN DRESSING

Charlie Trotter, Charlie Trotter's restaurant, Chicago

For this unusual fruit salad, Trotter selects sweet summer fruits, such as papaya, melon and strawberries, for their vivid contrast with peppery arugula, watercress and the spicy cracked pepper–vanilla bean dressing.

Total prep time: 30 minutes ○

Vanilla Bean Dressing
- *1 tablespoon rice wine vinegar*
- *2 teaspoons fresh lime juice*
- *1 vanilla bean, split lengthwise*
- *1 teaspoon cracked black pepper*
- *¾ teaspoon salt*
- *⅓ cup olive oil*

- *2 large bunches (5 to 6 oz. each) watercress, trimmed*
- *2 large bunches (6 to 8 oz. each) arugula, trimmed*
- *1 small (1½ lb.) cantaloupe, peeled, seeded and sliced*
- *1 ripe papaya, peeled, seeded and sliced*
- *1 cup sliced strawberries (about ½ pint)*

1. *Make Vanilla Bean Dressing:* Whisk vinegar and lime juice in large bowl. Scrape seeds from vanilla bean and whisk bean into dressing with pepper and salt. Gradually whisk in olive oil in a thin, steady stream until blended.
2. Toss watercress, arugula, cantaloupe, papaya and strawberries with dressing in bowl. Arrange on 8 serving plates. Makes 8 servings.

PER SERVING		DAILY GOAL
Calories	130	2,000(F), 2,500(M)
Total fat	9.5 g	60 g or less (F); 70 g or less (M)
Saturated fat	1 g	20 g or less (F); 23 g or less (M)
Cholesterol	0 mg	300 mg or less
Sodium	258 mg	2,400 mg or less
Carbohydrates	11 g	250 g or more
Protein	3 g	55 g to 90 g
Calcium	155 mg	800 mg (F), 800 mg (M)

GREEN SALAD WITH LEMON, MINT AND PITA

Fastest Recipe of the Month

Joyce Goldstein, cookbook author, San Francisco

A Goldstein family favorite, this recipe is traditionally called "Fattoush" (Lebanese toasted pita bread salad). This salad was adapted from Goldstein's book, *The Mediterranean Kitchen* (William Morrow, 1989). Joyce is passionate about Mediterranean cuisine—zesty flavors typify her cooking—so she adds a pinch of grated lemon peel and plenty of chopped fresh mint to the citrus dressing.

Total prep time: 20 minutes ○

Dressing
- *¼ cup fresh lemon juice*
- *2 teaspoons grated lemon peel*
- *¾ teaspoon salt*
- *½ teaspoon freshly ground pepper*
- *¾ cup olive oil*

- *4 small (6 inch) pita breads*
- *4 cups romaine lettuce, torn into 1½-inch pieces*
- *2 cups diced tomato*
- *2 cups peeled, seeded and diced cucumber*
- *½ cup minced red onion*
- *½ cup finely chopped green onions*
- *½ cup chopped fresh mint*
- *¼ cup chopped fresh parsley*

1. *Make dressing:* Whisk lemon juice, peel, salt and pepper in small bowl; slowly whisk in oil to blend.
2. Heat oven to 350°F. Split pita breads; arrange in a single layer on large cookie sheet. Bake until just lightly browned and crisp, 6 to 8 minutes. Cool completely, then break into 2-inch pieces.

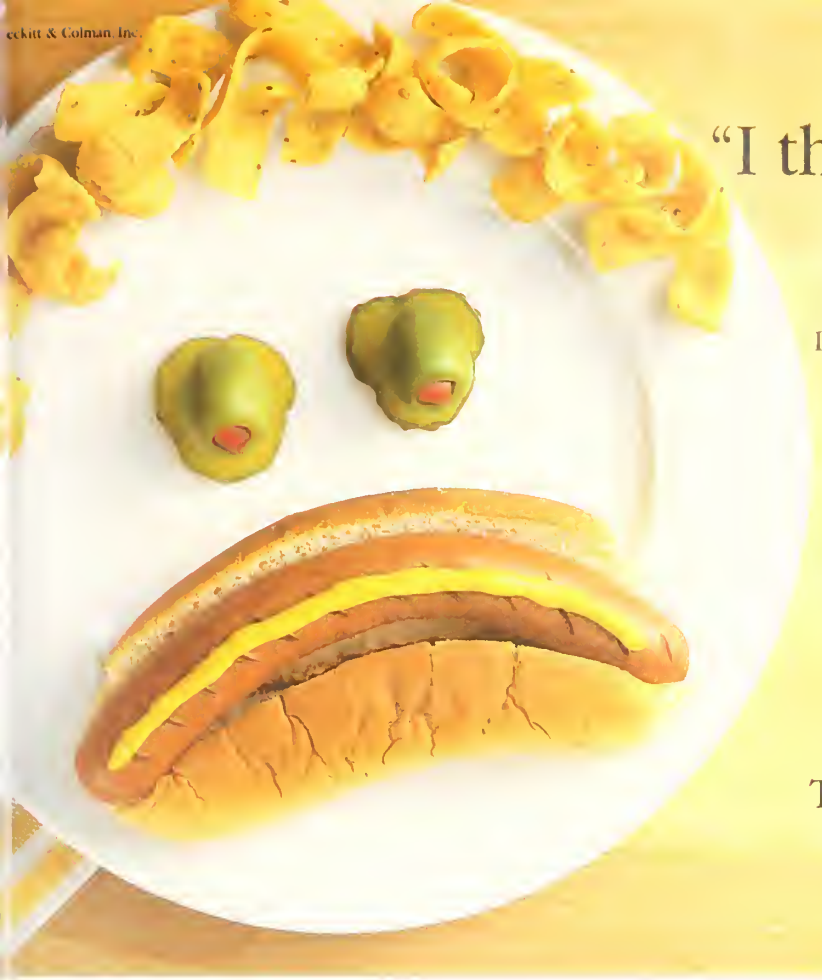
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Toss romaine and ¼ cup dressing arge bowl. Toss pita pieces, nato, cucumber, onions, mint, sley and remaining dressing in ther large bowl.
Arrange romaine on large serving te. Top with pita-and-vegetable xture. Serve immediately. Makes ervings.

SERVING		DAILY GOAL
ries	290	2,000(F), 2,500(M)
fat	21 g	60 g or less (F); 70 g or less (M)
ated fat	3 g	20 g or less (F), 23 g or less (M)
esterol	0 mg	300 mg or less
um	378 mg	2,400 mg or less
ohydrates	23 g	250 g or more
in	4 g	55 g to 90 g
um	59 mg	800 mg (F); 800 mg (M)

AMA–BELGIAN ENDIVE SALAD WITH UILA-ORANGE VINAIGRETTE

han Pyles, Star Canyon aurant, Dallas

es combines sweet local oranges, ered jicama and Belgian endive, n tosses the fruit and greens with a uila-spiked vinaigrette. Served as a t course at his restaurant, this salad also be prepared as a light cheon entrée.

Total prep time: 30 minutes ○

Dressing
- *¼ cup orange juice*
- *2 tablespoons tequila*
- *1 tablespoon white wine vinegar*
- *1 tablespoon chopped shallot*
- *1 teaspoon salt*
- *½ teaspoon white pepper*
- *¼ cup olive oil*
- *¼ cup corn or vegetable oil*

2 heads Belgian endive, leaves separated
3 navel oranges, peeled, seeded and cut into sections
1 large or 2 medium jicama (1½ to 2 lb.), peeled and cut into 2x⅛-inch-thick strips
2 tablespoons thinly sliced chives

1. *Make dressing:* Puree orange juice, tequila, vinegar, shallot, salt and pepper in blender until smooth. With machine running, pour olive and corn oils in a thin, steady stream until blended.
2. Divide endive leaves among 6 serving plates.
3. Toss oranges, jicama and ½ cup dressing in large bowl. Divide on top of endive leaves. Drizzle remaining dressing over endive leaves and sprinkle top of each salad evenly with chives. Makes 6 servings.

PER SERVING		DAILY GOAL
Calories	265	2,000(F), 2,500(M)
Total fat	18.5 g	60 g or less (F), 70 g or less (M)
Saturated fat	2.5 g	20 g or less (F), 23 g or less (M)
Cholesterol	0 mg	300 mg or less
Sodium	376 mg	2,400 mg or less
Carbohydrates	21 g	250 g or more
Protein	3 g	55 g to 90 g
Calcium	52 mg	800 mg (F), 800 mg (M)

GARDEN PARTY BARLEY SALAD

Sheila Lukins, cookbook author, New York City

Barley is one of Lukins's favorite grains, and in the summer she loves to toss it with splendors from the garden—tender fava beans, ripe tomatoes and chopped fresh herbs. This recipe was adapted from Lukins's *USA Cookbook* (Workman, 1997). The dressing can be prepared ahead and refrigerated up to four days.

Prep time: 45 minutes ○
Cooking time: 35 to 45 minutes

½ teaspoon salt
1 cup barley, uncooked

Dressing
- *¼ cup fresh lemon juice* *(continued)*

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CHEFS' SALADS

Continued

1 tablespoon grated lemon peel
2 teaspoons Dijon mustard
2 teaspoons sugar
Pinch salt
Pinch freshly ground pepper
½ cup olive oil

---

2 pounds fresh fava beans, shelled
3 medium tomatoes, cut into ½-inch dice (about 4 cups)
2 tablespoons chopped fresh oregano or marjoram
2 tablespoons chopped fresh mint
½ teaspoon salt
Pinch freshly ground pepper
6 cups mesclun (gourmet salad mix)

1. Bring 3 cups water and salt to boil in medium saucepan. Stir in barley, reduce heat and simmer 35 to 45 minutes until just tender. Drain in colander and rinse under cold water. Transfer to large bowl.

2. *Make dressing:* Meanwhile, whisk a ingredients except oil in large bowl; slowly whisk in oil to blend. Remove ¼ cup dressing; set aside.

3. Bring 1½ quarts water to boil in another saucepan. Add shelled fava beans; boil 30 seconds until just tender. Transfer to colander and rins under cold water. Remove skins.

4. Toss barley with fava beans, tomatoes, oregano, mint, salt and pepper with remaining dressing in large bowl.

5. Toss mesclun with reserved ¼ cu dressing in another large bowl; arran on serving platter and top with barle mixture. Makes 8 servings.

PER SERVING		DAILY GOAL
Calories	255	2,000(F), 2,500(M)
Total fat	14.4 g	60 g or less (F); 70 g or less
Saturated fat	2 g	20 g or less (F); 23 g or less
Cholesterol	0 mg	300 mg or less
Sodium	355 mg	2,400 mg or less
Carbohydrates	27 g	250 g or more
Protein	6 g	55 g to 90 g
Calcium	50 mg	800 mg (F); 800 mg (M)

Prettiest Small Town in America Contest—Official Rules

From page 46

NO PURCHASE NECESSARY. ONLY U.S. TOWNS WITH POPULATIONS OF 25,000 OR UNDER AS OF JUNE 16, 1997 ARE ELIGIBLE.

1. On the entry form provided or on a 3½x5-inch postcard, print or type the following information: your name, address, city, state, ZIP code, phone number, occupation and signature. Check the appropriate region box or write that on the postcard. Attach an essay describing your town and why you think it deserves recognition as America's prettiest (100 to 250 words) and include photographs (and, if possible, a videotape) of your town, particularly showing downtown shopping districts, residential areas, and parks and other public places. Also tell us to whom you designate the prize money and to what purpose the winnings would be put. Examples: Your designee could be a civic organization, a beautification committee or a local government agency, who would use the money to plant trees or restore a historic public building.

2. Mail entry to LADIES' HOME JOURNAL, Prettiest Small Town in America Contest, 125 Park Avenue, New York, NY 10017. All entries must be received by August 15, 1997. No responsibility is assumed for lost, late, incomplete or misdirected mail. The prize awarded in any prize-notification letter returned as undeliverable or not responded to within ten (10) days of receipt shall be awarded to an alternate winner. One entry per family or household allowed.

3. The contest is open to any resident of the U.S. who is 18 years of age or older, except employees of Meredith Corporation, its agencies, affiliates and subsidiaries.

4. The prizes: One grand-prize winner and three runners-up will be chosen—one from each of the following four regions of the United States: the East (CT, DE, MA, MD, ME, NH, NJ, NY, PA, RI, VA, VT, WV), the Midwest (IA, IL, IN, KS, KY, MI, MN, MO, ND, NE, OH, SD, WI), the West (AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, WY); and the South (AL, AR, GA, FL, LA, MS, NC, OK, SC, TN, TX). The grand prize of $10,000 will be awarded to the civic organization, committee or local government agency designated in the winning entry. The award must be spent on community improvements. Plaques, approximate retail value $60.00, will be awarded to the grand-prize winner as well as the three runner-up towns.

5. All entries and materials submitted become the property of LADIES' HOME JOURNAL and will not be returned or ack edged. The Prettiest Small Town in America will be judged 7 cent on aesthetics (the attractiveness of downtown or sh districts, of residential areas, of parks and other public p and 25 percent on the content and originality of the essay a effectiveness and originality of the proposed use of the prize award. Entries must be original and not previously pub The winning town will be selected by a panel designat LADIES' HOME JOURNAL. All decisions of the judges are We will enter into no correspondence or phone commun about the contest or judging.

6. The winning town will be selected and the entrant will be n by mail by September 30, 1997. Prizes will be delivered on or October 30, 1997. Entrant or a representative of the award ent must consent to be available at the request of LADIES' JOURNAL to participate and render services in photography sessions and media interviews, except where prohibited. E also agree by entering the contest to grant LADIES' HOME NAL the right to use the entrant's entry, name, photos and v connection with editorial, public relations, promotional and tising purposes, unless prohibited by law. The winning entra sign an affidavit of eligibility, a Publicity Release (except prohibited), and an Assignment of all rights to LADIES' JOURNAL within 10 days of notification. A representative grand-prize recipient must sign a confirmation that the aw be spent on community improvements, as well as sign a Publi lease (except where prohibited) authorizing use of the rec name in connection with editorial, public relations, promotic advertising purposes, unless prohibited by law.

7. All federal, state and local laws and regulations appl where prohibited. Applicable taxes are the sole responsi award recipients. Prizes are not exchangeable or transfera substitution of prizes except at the discretion of LADIES' JOURNAL. For a list of winning towns (available after Oct 1997), send a separate self-addressed, stamped enve LADIES' HOME JOURNAL, Prettiest Small Town in America List, 125 Park Avenue, New York, NY 10017.

Name_____

Address_____ **City**_____

State_____ **ZIP Code**_____

Phone_____ **Nominated Town**_____

Occupation_____

Region*: East ❑ Midwest ❑ **Town's population**_____

West ❑ South ❑ **How long you've lived there**_____

Designated local civic organization and purpose to which prize money would be put_____

Signature_____

*see rules, above

SIDE THE JOURNAL KITCHEN

ır new monthly feature, "Dinner On The Double," will lp you solve that weeknight dilemma: What's quick and licious to serve? Our no-fuss recipes call for flavor-packed, dy-to-use convenience foods. And, they take no more than minutes to prep and 30 minutes to cook. Count on it!

Ladies' Home Journal Kitchen

Our logo symbolizes 114 years of first-rate delicious recipes, triple-tested in the LHJ kitchen, and our commitment to quality as we bring dependable information—and tastes—to your table



Dinner On The Double

SHRIMP WITH PEANUT SAUCE

Rich and flavorful Thai peanut sauce is tossed with shrimp, garlic and super-thin, fast-cook spaghetti. The spiciness of peanut sauce ranges from mild to very hot depending on the brand, so check the label and let your tongue be your guide. We tried many brands, and they all work wonders.

Prep time: 10 minutes
Cooking time: 5 to 7 minutes

8 ounces thin spaghetti
1 pound peeled and deveined medium shrimp
1 jar (8 oz. to 11.5 oz.) Asian peanut sauce, divided*
2 teaspoons minced garlic
½ teaspoon salt
¼ teaspoon freshly ground pepper
½ cup sliced green onions
⅓ cup chopped fresh cilantro

1. Start to cook pasta according to package directions.
2. Meanwhile, toss shrimp, 2 teaspoons peanut sauce, garlic, salt and pepper in bowl. Heat large nonstick skillet 1 minute over medium-high heat; add shrimp mixture. Cook, stirring, 2 to 3 minutes, until shrimp is opaque. Transfer to large serving bowl; cover and keep warm.
3. Drain pasta; reserve ½ cup cooking water. Combine remaining peanut sauce, reserved cooking water, green onions and cilantro in skillet. Cook, stirring, 1 to 2 minutes until sauce is bubbly. Transfer to bowl with shrimp; add spaghetti and toss to combine. Makes 4 servings.

*AVAILABLE IN SPECIALTY [illegible]

Per serving: 455 calories, 8.5 g total fat, 1.5 g saturated fat, 140 mg cholesterol, 859 mg sodium, 59 g carbohydrates, 32 g protein, 74 mg calcium

ou Asked For It

ear LHJ:
The folks at Stafford's Bay View Inn in Petoskey, Michigan, treat their guests to a delicious chocolate-chip cookie. Can LHJ please get their recipe for me?
—Freda Mott, Holland, Michigan

ip Mates

isweet and white chocolate chips up in these terrific-tasting treats are sure to delight every chocolate-cookie fan!

FFORD'S CHOCOLATE-CHIP COOKIES

Heat oven to 350°F. Grease two kie sheets.

Combine *2½ cups all-purpose flour*, *aspoon baking soda* and *½ teaspoon* in bowl. Beat *1 cup butter or mar-ne, softened*, *¾ cup granulated sugar* *¾ cup firmly packed brown sugar* nixer bowl until light and fluffy. Beat in *2 large eggs* and *1 teaspoon vanilla extract*. Beat in dry ingredients on low speed until blended. Stir in *1 bag (12 oz.) semisweet chocolate chips*, *½ cup white chocolate chips* and *1 cup chopped walnuts or pecans*.

3. Drop dough by tablespoonfuls 2 inches apart on cookie sheets. Bake 14 to 16 minutes. Cool on wire racks. Makes 5 dozen.



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PHOTOGRAPHER [illegible]

CAMP HOPE

Continued from page 127

"It took cancer," she says, "to shake me up."

Ginny calls August 17, 1994, when she received her bone-marrow transplant, her "re-birthday"—a day she, her husband, Al, and their children commemorate, grateful for the beginning of another year. "My other birthday is just another day of the week," she says. "This one really means something to me. It reaffirms the fact that I got a second chance."

Learning to love life again

More than any of the other campers, Peggy, Ginny's sister, is on an emotional roller coaster.

After a mastectomy and chemotherapy, Peggy, fifty-four, finished a course of radiation just three weeks before camp. She's pushing herself hard and is the first to complete one of the high-rope exercises. "I used all the skills I had gained through chemotherapy—self-control, courage, patience—to master that obstacle course," she explains.

During an early-morning fishing expedition, she forces herself to hook a worm. Since her treatments, Peggy says, she can't listen to music and she doesn't like outdoor sights or the sounds of birds anymore, feeling that nature somehow let her down when she got sick. This weekend, she's striving to overcome these aversions.

Yet uppermost in her mind is her husband, Brian. Halfway through her chemotherapy treatments, he was diagnosed with prostate cancer. He is to undergo surgery a week after camp ends. "I hope I'm strong enough," she says. "I want to be supportive. He was so good to me."

A high-school librarian and mother of two sons aged eighteen and twenty, in Scottsville, New York, Peggy says she felt "on the edge" of the world after her cancer diagnosis and is finding it hard to re-enter.

"I am surprised that you just don't go back to your original love of life," she says tearfully, trying to explain her turbulent feelings. Although she once taught piano, Peggy can now listen only to radio interview and news shows. Music "makes me too sad, too emotional," she says. "My mind drifts."

She tries hard to cope with her feelings. When she heard a guest on *The Oprah Winfrey Show* suggest that viewers take time before bed to reflect on the things they're grateful for each day, she decided to give it a try. Along with reading the Bible, this was a great help during treatments, she says. One night, she was thankful that a speeding car didn't hit her. Another night, she gave thanks that her children came home safely from school. "It gave me a great peacefulness for sleeping," she says.

During chemotherapy, Peggy needed a daily injection to boost her white blood cell count. But she especially dreaded losing her hair. The power of prayers from others, she says, helped her accept her baldness.

It was at Camp Good Days that Peggy took off her wig for the very first time. Under the setting sun, among those who understood, she pulled off the hairpiece, exposing a light regrowth of lovely blond hair.

The next night, all the women gather around the campfire, exhausted but exhilarated after swimming, fishing and conquering the ropes course. Following a camp tradition, each of us takes a turn holding a "talking stick" and saying whatever we like.

"It was so important to see so many other women doing well," Peggy tells the group. "I've come to love my body again today. I thank you for that."

Ginny remembers the moments she felt frozen, so high off the ground, and the encouragement that helped her jump. "When times are tough," she says, "I can recall very clearly the support I had and the cheers that went up."

When the women are done speaking, the stick is thrown in the fire. As we watch it burn, we realize that we now share a bond that goes far beyond cancer. Together, we have helped each other heal. Together, we have learned to triumph. ●

Patrice Mitchell is a journalist in Rochester, New York.

For more information

Camp Good Days And Special Times Inc., not-for-profit corporation, was founded by Gary Mervis of Pittsford, New York, two years before his twelve-year-old daughter Teddi, died of cancer. In addition to working with kids who have cancer, the camp also runs programs for children who are physically challenged, have AIDS, have been severely burned or have been affected by violence. To find out more about the camp and its upcoming programs for women, call 800-785-2135.

This exclusive book-and-video package is sure to be helpful to anyone dealing with breast cancer. What To Do If You Get Breast Cancer (226 pp., softcover; Little, Brown and Company) was written by two breast-cancer specialists and a breast-cancer survivor. It describes the discovery, treatment and recovery processes, and includes frequently asked questions and advice on how to cope. It also lists hotline information and sources of financial aid. The video Cancer Survivors (31 min.; Medcom, Inc.) provides a candid look at the common effects cancer has on an individual's families and friends, as well as stories of how survivors have dealt with these changes in their lives. The complete package costs $34.95, which includes shipping, handling and applicable sales tax.





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A REVEALED

inued from page 118

t of excitement," says McEntire. Not that this blended family's happess has come so easily. When ckstock and McEntire got togethhortly after Blackstock separated n his wife, Shawna sided with her her and badmouthed McEntire in rticle in *The Star*. "There was a t when Shawna was not welcome ur home," the singer says.

o McEntire's credit, however, she gnized that Shawna did not want lsea to be deprived of her grandnts' love. "She would drop off lsea and I'd think, 'What a loving her,'" says McEntire. Then last g Shawna appealed to Narvel for . She was having problems with husband and she called Narvel night and asked him to come get "Narvel looked at me, and if I'd no, he wouldn't have gone, be- e it had to be a team thing. But ked up at him and I said, 'Absoy. Go get her.'"

ith that single gesture, McEntire ned one of the most important ns of her life: the power of forness. "I put my selfish pride in backseat and sat up front with ' she says. "And when I forgave it was like a million pounds were l from me."

cEntire reports the couple is ing on a reconciliation. "If we get them back together in a hapelationship, it's all worth it."

anything, welcoming the kids her home has offered a bonus—rieve from McEntire's own non- ambition. She recalls telling el how impatient she was about novie career. "I was disgusted. I saying, 'I've auditioned, I've , why hasn't this movie stuff *on*?'" she explains. "And Narvel 'Maybe the timing's not right And then I had this thought, I think it was God talking to me: said, 'Because you need to be for these kids. *They* need you. rest will all come later.'"

ie truth is Shelby *does* need his t right now. "He's got a little xia, like I do," says McEntire. "He reads things backward. If the word is *mother*, he'll start out with *th* not *m*." Although Shelby has not been diagnosed with the condition, he gets twice-weekly tutoring for his reading, and the singer is diligent about helping him with his homework.

More important, she is determined to teach him to be kind. According to Parton, Shelby need only look to his mother as an example. "I like the way she's handled success," she says. "When I was fatter, people would say, 'You seem so down to earth.' 'Well,' I'd say, 'success didn't go to my head, it went to my ass.' But I think it went to Reba's heart."

McEntire makes it a habit to call terminally sick children, even if it is just to say hello, and she recently arranged for a cancer victim to get her last wish, to see her in concert. "She was in a hospital bed with tubes in her arms, her nose and her mouth, and we propped her up backstage," McEntire says, dropping her voice. "She died the next day."

The star is also responsible for two facilities at Texoma Medical Center, located between Dallas and Tulsa: Reba's Ranch House, for patients' families, and the Reba McEntire Center for Rehabilitation.

There is no doubt that McEntire gives back because she feels so lucky herself. "I've done a lot of growing up," she says. "And I am now the happiest I have ever been in my life." Even the challenges of motherhood make her chuckle. Take last week's homework assignment, which McEntire had to correct. "Shelby said, 'Mrs. Sharp will tell me it's wrong!' and I said, 'You bring it in and ask her,'" she says, smiling. "He came home the next afternoon and said, 'You were right!' and I said, 'Don't you just hate it when a woman's right?' and he said, 'Yeah!' and I said, 'Well, get used to it. I'm preparing you for the world.'" ●

Melina Gerosa is the entertainment editor of Ladies' Home Journal.

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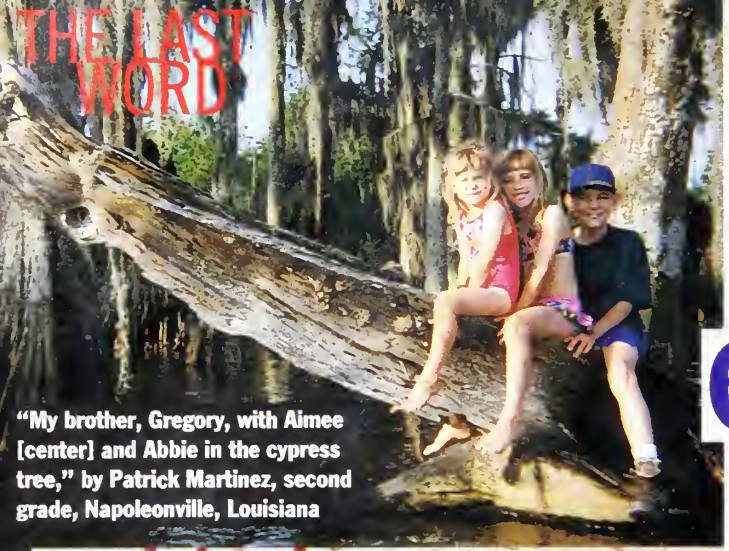
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American Childhood

Every child is an artist," Picasso once said. If you ever doubted it, let your eye wander through this gallery of photographs. Curious about the way the world appears from a child's point of view, we sent disposable cameras to kids across the country and asked them to snap pictures of friends and the other people in their lives. Our only rule: absolutely no help from grown-ups. The photographers whose work you see here range in age from five to ten years old. Honest.

—Coordinated by Heather Moors Johnson



"My brother, Gregory, with Aimee [center] and Abbie in the cypress tree," by Patrick Martinez, second grade, Napoleonville, Louisiana



"My sister, Blair, at school," by Mack McCain, fourth grade, St. Louis, Missouri



"My best friend, Matthew, on the playground," by Nia-Col Lee, kindergarten, Washington, D.C.



"My sister, Elizabeth [right], and her friend Dani playing dress-up," by Nicholas Wong, fourth grade, San Antonio, Texas



"Mr. Hoover, who shares his Sunday paper with us," by Jesse Catalano, first grade, Cornwall, New York



"Big girls in the fourth grade," by Britney Diebold, third grade, Morristown, New Jersey



"Logan feeding the bunny," by Patrick Martinez, second grade, Napoleonville, Louisiana

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JOURNAL

AUGUST 1997

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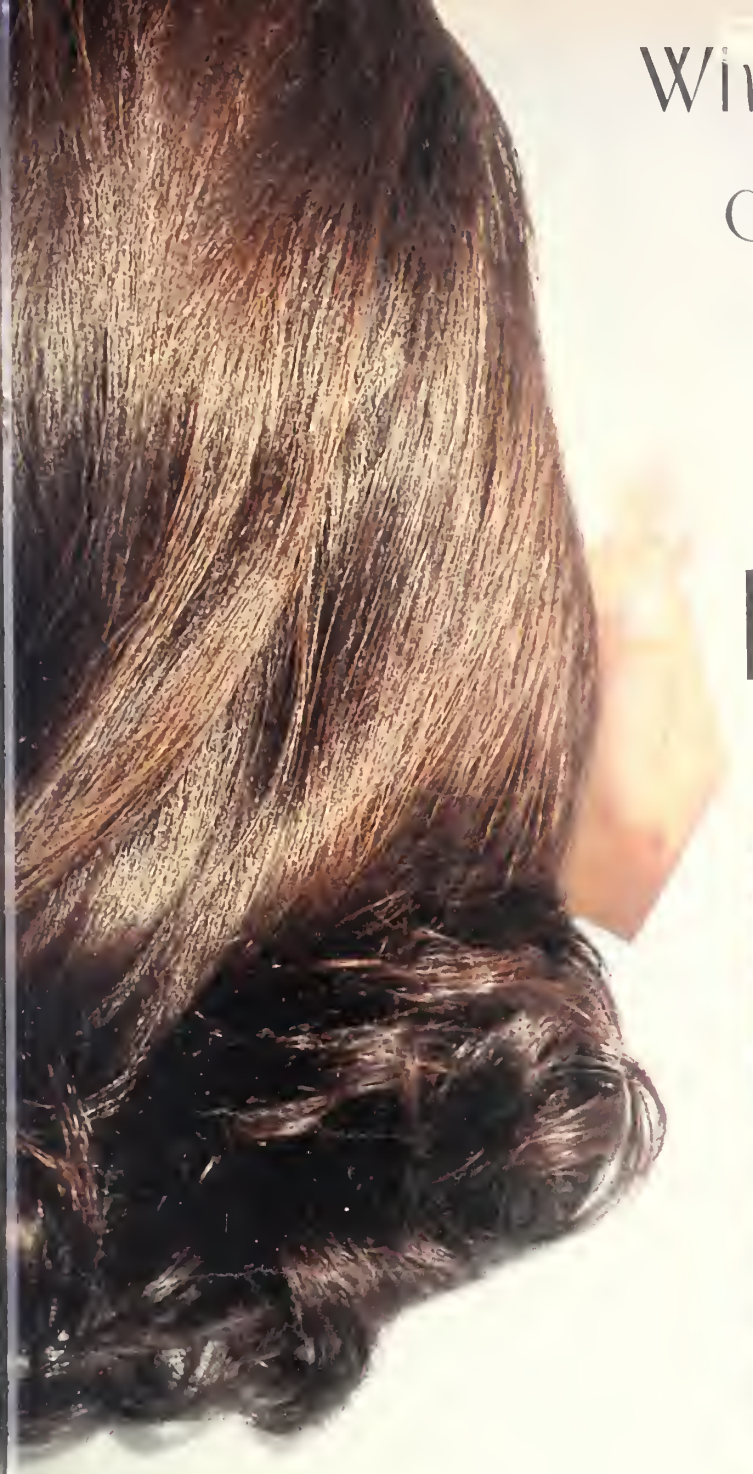
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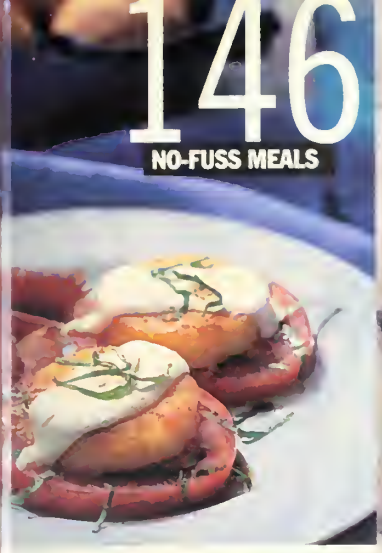
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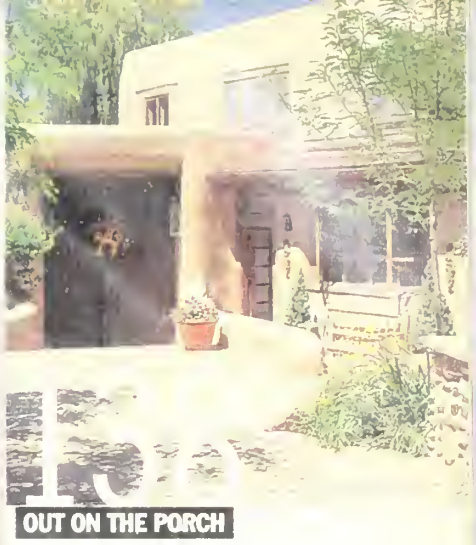
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THE FRAGRANCE

Elizabeth Arden

Bloomingdale's The Bon Marche
Burdines







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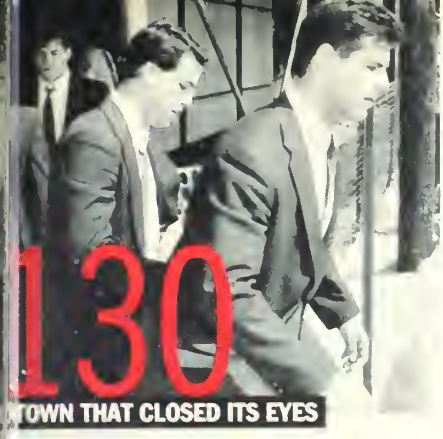


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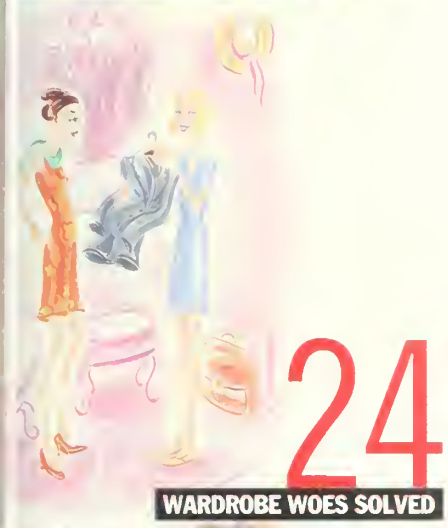
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Memories of Marilyn

Last month in my column we started the roll call of our one hundred most important women of the century, profiling one of these extraordinary women each issue.

This month's selection is **Marilyn Monroe**, *who died thirty-five years ago this month. Because I still find her so intriguing, I thought I'd devote my whole column to the blond of the century.*

Norma Jean Baker, the illegitimate daughter of a mentally unstable mother, got her start modeling for calendars. She appeared in the first issue of *Playboy* with nothing on, she later said, but "the radio." Under contract to Twentieth Century Fox, by the early 1950s Marilyn Monroe had become the icon of sweet-but-dumb-blond sexuality, the part she played to perfection in the comedy classics *The Seven Year Itch* and *Some Like It Hot*.









MARILYN MONROE 1926–1962 Marilyn was all smiles in front of the camera despite sadness and pain in her personal life. Today, thirty-five years after her death, she is famous for simply being Marilyn

Her overripe postwar beauty was admired by millions, including the best and brightest men of her time. Yet the adoration of her fans, the marriages to baseball hero Joe DiMaggio and award-winning playwright Arthur Miller, the secret affairs with President John F. Kennedy and his brother Robert, gave her far more pain than happiness.

Her moment of stardom was brief. Desperate to have a baby, chafing under the constraints of her studio-created image, and wracked with insecurities, she became exceedingly fragile and more and more dependent on drugs. Fired by Fox in June 1962, she died two months later of an overdose of sleeping pills in her Los Angeles home; she was just thirty-six.

Today, Marilyn Monroe is famous for simply being Marilyn—she of the impossibly tight dress and breathy delivery of "Happy Birthday, Mr. President." Her image is still reproduced everywhere, and both singers and writers, including Elton John, Norman Mailer and Truman Capote, have analyzed her appeal and scrutinized the mystery of her death.

In 1955, in a poignant *Person to Person* interview, she said that though she had been on many magazine covers, there was one she still wanted: "I'd like to be on *Ladies' Home Journal*," she told interviewer Edward R. Murrow wistfully.

The editors at the time may have thought she was just a cheap pinup. Now we know Marilyn was more a victim than a temptress. She made us realize that a woman can be everything a man desires, and yet it means so little unless she values herself.

MYRNA BLYTH
Editor-in-Chief


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MEET OUR CONTRIBUTORS



Beth Howard

In "Too Embarrassed to Ask?" (page 56), Howard gets gynecologists to answer the kinds of questions most of us don't have the nerve to pose ourselves. "Everyone gets a little sheepish at the doctor's office," says Howard, the author of a forthcoming book about sexual wellness, "but your health depends on having open lines of communication with your doctor."



Peter Vitale

Photographing beautiful rooms is often an exercise in envy, and the same goes for outdoor living spaces, like the two featured in "Out on the Porch" (page 138). "Both were so cozy and cleverly furnished that you could practically live in them," says Vitale, whose work has also appeared in *Veranda* and *Architectural Digest*.



Bernard Lefkowitz

"The Town That Closed Its Eyes" (page 130) is an excerpt from Lefkowitz's book, *Our Guys: The Glen Ridge Rape and the Secret Life of the Perfect Suburb* (University of California Press, 1997). In it, the journalist and award-winning author examines a town that ignored the violent and misogynistic behavior of a group of its young sports heroes—until it was too late.

Beatriz Da Costa

It took longer to photograph the dishes in "15-Minute Meals" (page 146) than it did to prepare them, even though Da Costa didn't use complicated lighting. "I prefer to shoot in daylight," she says. "It makes food look more natural." Originally from Brazil, Da Costa lives and works in New York City.





Sharlene K. Johnson

To research our secondhand-shopping guide, "Second to None" (page 44), Johnson and three other writers went bargain-hunting in their hometowns. "You can make some great purchases at little obscure shops off the beaten path," says the contributing editor to LHJ.

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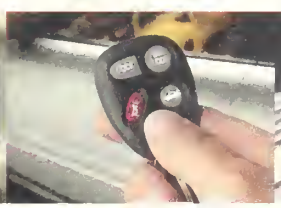
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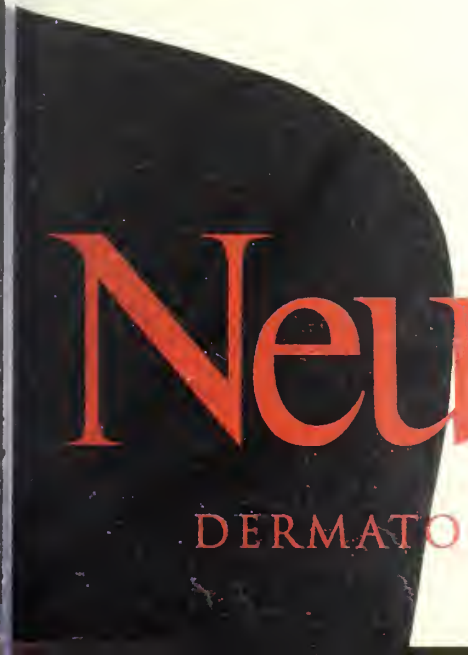


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CAN THIS MARRIAGE BE SAVED?

"Our dog is coming between us"

Robin can't understand why Ted flatly refuses to have sex while their dog is in the room

By Margery D. Rosen



ROBIN'S TURN

"I know this sounds ridiculous, but Ted and I fight constantly about our dog," says Robin, twenty-seven, an executive in a university's public-relations department. "We've only been married for a year and a half, but Penelope, our six-month-old English springer spaniel, has become the focus of constant arguments: how to discipline her, what she should eat and how often. . . . The bottom line is, Ted and I rarely talk, rarely make love and rarely have fun anymore.

"We knew we'd fallen into an unhappy rut and thought Penelope would be a bond. I'd get home from work around eight-thirty or nine. Ted had already eaten and was usually zoned out on the couch, well into a six-pack.

"Ted and I met seven years ago when I took a summer job pumping gas at the station where he worked. Everything about Ted attracted me—he's incredibly sexy, funny and bright. For a time he took refuge in a nondemanding job while he figured out what he wanted to do. Now he's back in school studying for a degree in business.

"My father disapproved of the relationship, but he disapproved of everything I did. My parents are both British, though I was born here; my mother is an administrator for a parochial school, and Dad is an industrial engineer. He had a Victorian upbringing, and he laid out tough rules. I could never please him.

"I'll never forget a conversation I had with my dad at the end of my freshman year. I chose English as my major, but he wanted me to study math or science. When I told him I'd made the dean's list, all he said was, 'Any idiot can get a 4.0 in English.' He even threatened to stop paying my tuition unless I switched majors.

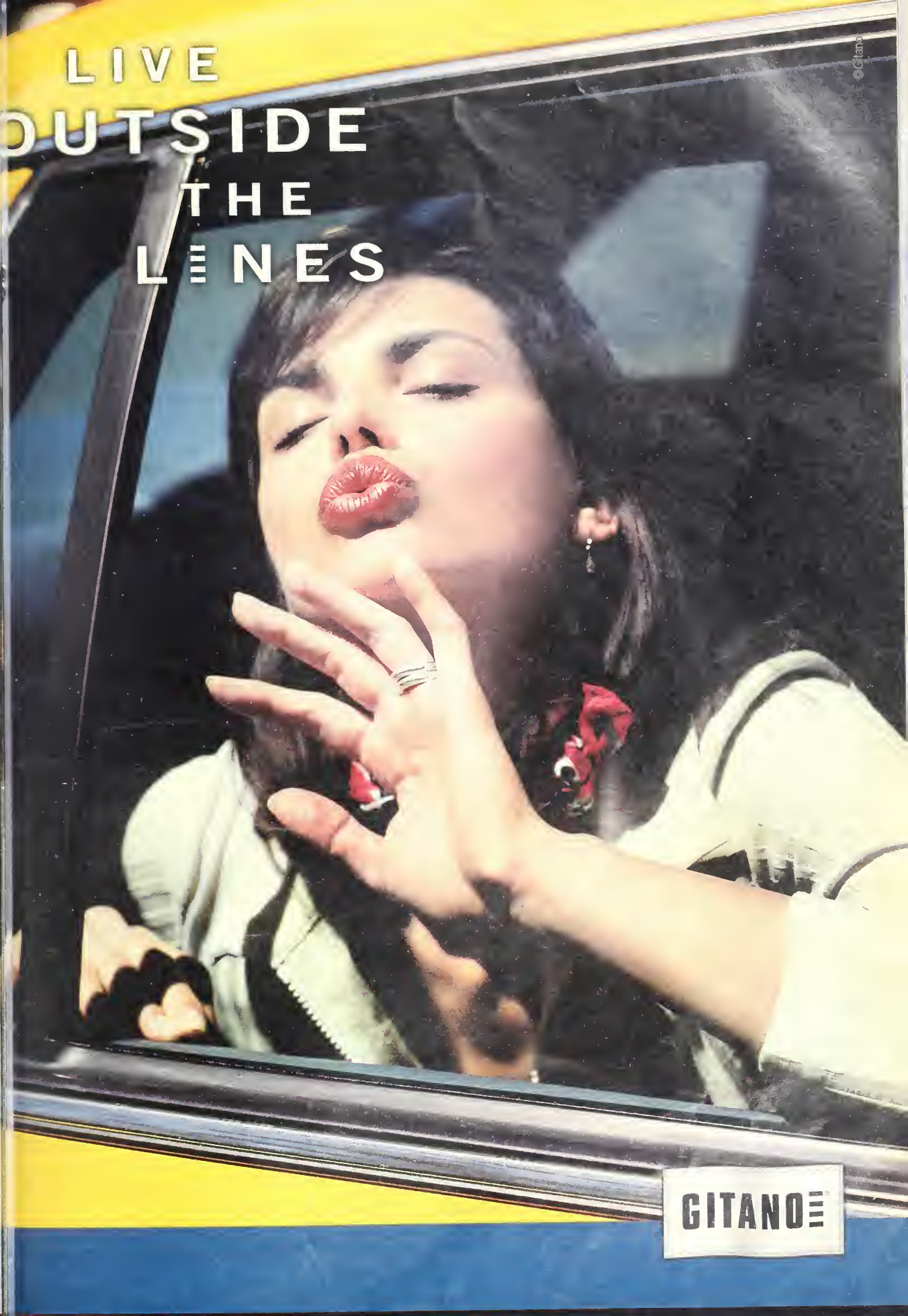
"Ted and I had a perfect summer romance, but when I returned to school, the disparity between where we each were in life proved too great, and we broke up. Still, I never stopped thinking about him.

"We bumped into each other at a party the year after I graduated. It was totally electric between us. We both knew this was it. A few months later, we had a storybook wedding.

"But it wasn't so perfect after all. Within months Ted was complaining about my hours, and I began to notice his drinking. Then we got Penelope. That first night we put her in the cage at bedtime, but she yowled pitifully. Ted didn't hear a thing because he'd had so much beer. But I couldn't bear to listen, so I picked her up and brought her into our bed. In the morning, just as Ted was stirring, I put her back in the crate. *(continued)*

THE MOST POPULAR, most enduring women's magazine feature in the world. This month's case, about a couple whose marriage is threatened by the arrival of a pet, is based on interviews with clients and information from the files of NANETTE BERMAN COHEN, C.S.W., a marriage and family therapist in Plainview, New York. The story told here is true, although the names and other details have been changed to conceal identities.

"CAN THIS MARRIAGE BE SAVED?" IS A REGISTERED TRADEMARK OF MEREDITH CORPORATION


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"I did that every night for two weeks. When Ted found out, he was furious. We didn't have sex for months because Ted didn't want anything to do with me as long as Penelope was in the bedroom. But whenever I put her outside, she wailed at the door. I thought he was being so immature to deprive me of sex because of the dog.

"Then there was the question of discipline. If Penelope had an accident in the house, Ted would yell at her. For pete's sake, she was a puppy! If we're watching TV on the couch, Penelope will jump between us and snuggle next to me. I can't believe a grown man could be so jealous of a little dog.

"Like all puppies, Penelope went through a phase when all she wanted to do was chew—the couch, the legs of the chair, shoes. Ted would lock her in the crate, and I'd sneak down and let her out. I just couldn't stand to see her upset.

"Maybe I'm jumping the gun here, but I've been thinking that if he's treating our dog like this, what kind of father is he going to be?

"Ted's drinking has also become a tremendous issue. When he's drunk, he ignores me. I know I criticize him a lot for it—just like my father criticized me—but I'm so angry, I can't seem to help it.

"I can't figure out how things became so complicated, but we can't go on like this."

TED'S TURN

"I *am* jealous of that dog," says Ted, twenty-six, a tall, handsome man with a quiet manner. "I know it sounds nuts, but Robin always puts the dog's needs ahead of mine. When she gets home at night, she rushes in to kiss Penelope. If we're watching TV on the couch, Penelope wheedles her way between us. And it's absolutely ridiculous to have the dog in bed with us.

"It's hard to believe the marriage could disintegrate so quickly. My own parents had a great relationship, though money was always a problem. My dad, like Robin's, was strict. Mom, who worked in a doctor's office, stuck up for me and my younger sister. When we got into mischief, she'd say, 'You shouldn't have done that; don't tell your father.'

"I was a shy kid who hated school. I was good in math and music, but my childhood dream was to be a Marine. When it turned out the Marines rejected me, because of my bad knees, I was devastated. I had no direction for a long time, but I'm finally back in school and plan to be a stockbroker.

"Robin is right: I drink too much. One Sunday afternoon when I was about sixteen, my dad and I were watching a football game. He said he wanted to prep me for the Marines, and he handed me a drink. I started drinking way more than my parents ever knew. I guess I'm still finding solace in the bottle, but my wife's nagging doesn't help.

"I'm as unhappy as Robin is. She very subtly puts me down, and that grates. I feel bad that my wife is making most of the money. I wish I could contribute more. I want to buy her things, take her on trips.

Robin thought her husband was too harsh with the dog; Ted couldn't stand playing second fiddle to a spaniel

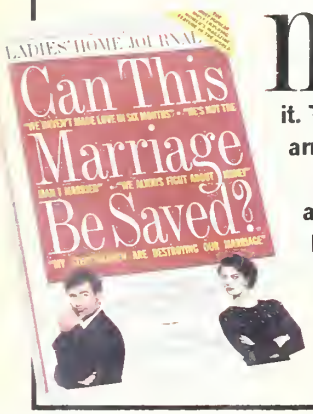
"For some reason Penelope has become the focus of most of our arguments. It's not just that we have different styles—what Robin is doing can confuse the dog. Penelope had to stay in the crate at night—otherwise, she'd never learn to separate from us, and she'd destroy the house when we're gone. And you don't feed a dog from the table. Penelope is getting fat, and that's unhealthy. It's not good for us *or* the dog to lavish attention on her every minute. I just can't figure out how to get out of this mess."

THE COUNSELOR'S TURN

"Despite their current distress, I had high hopes for this couple," said the counselor. "Robin and Ted are affectionate, and they both have a playful sense of humor and similar values. But the daily bickering over Penelope masked their real struggle, which was for control.

"I wasn't at all surprised to hear that Penelope had become *(continued)*

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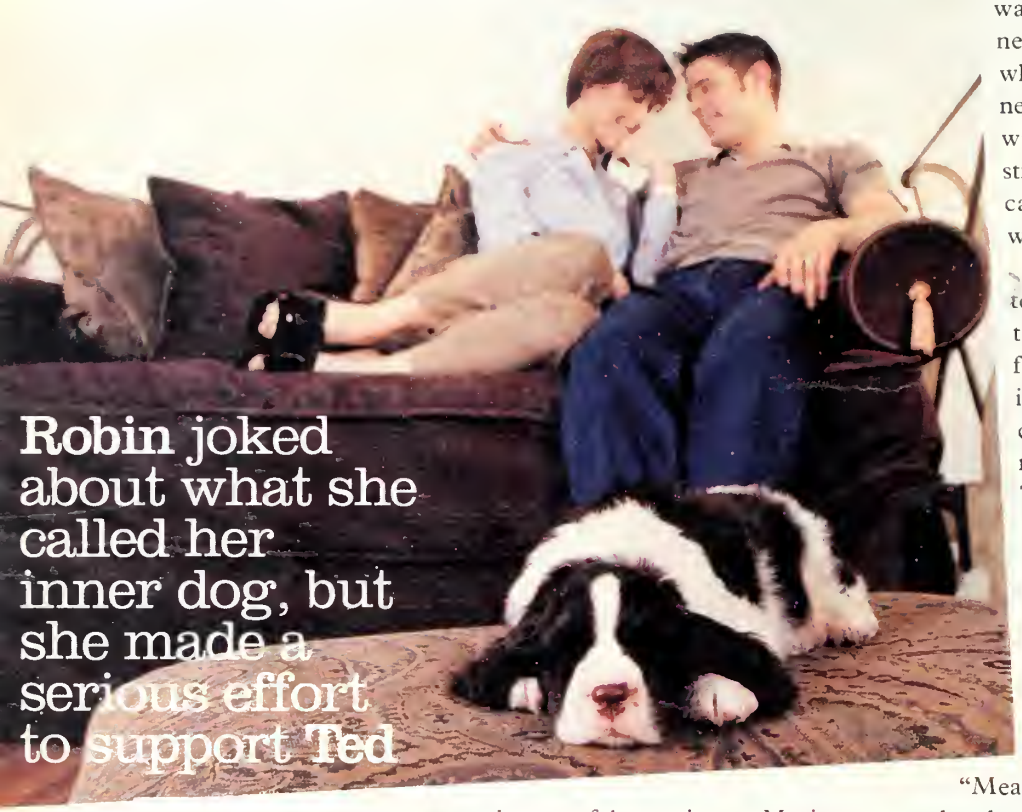
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a wedge between Robin and Ted. Pets are often a vehicle for acting out childhood or marital problems. Fortunately, animals can also break down defenses and open the way to explore personal problems.

"Robin automatically identified with anyone else's pain. As a child, she channeled her feelings of unworthiness into academic excellence in an attempt to win her father's approval. But he always found ways to cut her down. As a result, Robin grew up feeling unloved. Constantly aware of the imbalance of power at home, Robin unconsciously replicated that imbalance in her own marriage. Robin was focused and ambitious, while Ted would probably have drifted along for some time. Her family was wealthy, his blue-collar, and professionally she was miles ahead of him.

"While Ted initially described his hardworking parents as living a happy, white-picket-fence life, it was clear that Ted's father was—and is—most likely an alcoholic. What's more, Ted later revealed that his mother had been a chronic spendthrift who often asked Ted to rip up letters from creditors so his father wouldn't find out. When his family filed for bankruptcy when he was thirteen, Ted felt partly responsible.

"Clearly, the seeds of inadequacy were planted during Ted's early years, and they flourished after his dream of becoming a Marine was shattered. Ted needed Robin to take care of him; she needed to care for someone. When Penelope arrived, the precariously balanced relationship collapsed. Fighting over Penelope allowed Ted and Robin to sidestep the issues they should be working through with each other.



Robin joked about what she called her inner dog, but she made a serious effort to support Ted

"At one session, I explained to Robin that the way we treat our pets often echoes the way we were treated as children. 'Since Penelope evokes your maternal, caretaking instincts, perhaps you interpret Ted's withholding affection from her as harshness toward you,' I said. This didn't crystallize for Ted and Robin until one evening a week later, when Ted was tussling on the floor with Penelope. Robin, sitting on the couch, exclaimed with delight: 'Look at little Robin having so much fun with Daddy.'

"During the next few sessions, Robin was overcome with sadness as she re-experienced the emptiness of her childhood with her father. To help them understand the feelings that had been stirred up, I asked each of them to make two lists, one headed "What Penelope wants" and "What Penelope needs," and a second listing of what they each wanted and needed. Robin had no trouble with the *Wants* list, but she struggled with the *Needs*, because as a child, her needs were dismissed.

"At this point, they began to make rapid progress. Although Robin jokingly referred to Penelope as her inner dog, she took the connection seriously and made an effort to support Ted rather than force him into the position of disciplinarian. She now comes home earlier and greets Ted with a kiss before she turns to Penelope. The dog is no longer allowed to eat from the table, and she sleeps in her own bed.

"Meanwhile, when Ted realized that he had routinely relied on alcohol to assuage his feelings of insecurity, he called AA and began attending on a regular basis. He is no longer drinking.

"When these two were able to discuss their financial situation, they agreed that even though Robin was earning most of the money, Ted would handle the checking and savings accounts. 'That way,' said Ted, 'it feels more like *our* money.'

"They also had to learn to do things together. Watching TV was not a good idea, they decided, since it encouraged Ted's drinking. Instead, they began taking walks and riding their bikes. 'We've become a couple again,' Robin said, 'and Penelope, thank goodness, is once more just a dog.'" ●

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7 STEPS FOR SUPER SKIN

For ageless good looks, skin-care pro Elaine Brumberg recommends this down-to-basics regimen.

1. Use a mild cleanser that can be rinsed off with water.
2. Splash your face 15 to 20 times with tepid, not hot, water to remove all cleanser residue.
3. Use toner only on oily areas.
4. To exfoliate, use an alpha-hydroxy-acid moisturizer instead of a scrub.
5. Apply sunscreen, unless it is included in your moisturizer.
6. Use season-appropriate products (creams in winter, lotions in summer).
7. Choose products formulated for special needs. Allergic? Avoid fragrance. Using Retin-A? Added sunscreen is a plus.

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dear beauty doctor:

Q Could I be allergic to my bra? How else to explain the awful itchy rash on the sides of my breasts and around my back?

A Keep your bra on! Your condition sounds like irritant dermatitis, a reaction to the chemicals and fragrance in your laundry detergent, says New York City dermatologist Karyn Grossman, M.D. Dermatitis can develop even after years of using a product. Switch to an irritant-free detergent such as Cheer Free and skip the fabric softener. If the rash persists, see a dermatologist.

They're BAAAACK!

Just when you'd given up hope of ever offsetting the width of your hips, '80s-style shoulder pads have returned for an encore. But now they're sharper, straighter and more sophisticated—a big improvement on that rounded football-player look of yore.

STYLEWATCH



A Ralph Lauren jacket with serious shoulders



Carolina Herrera's sharp new silhouette

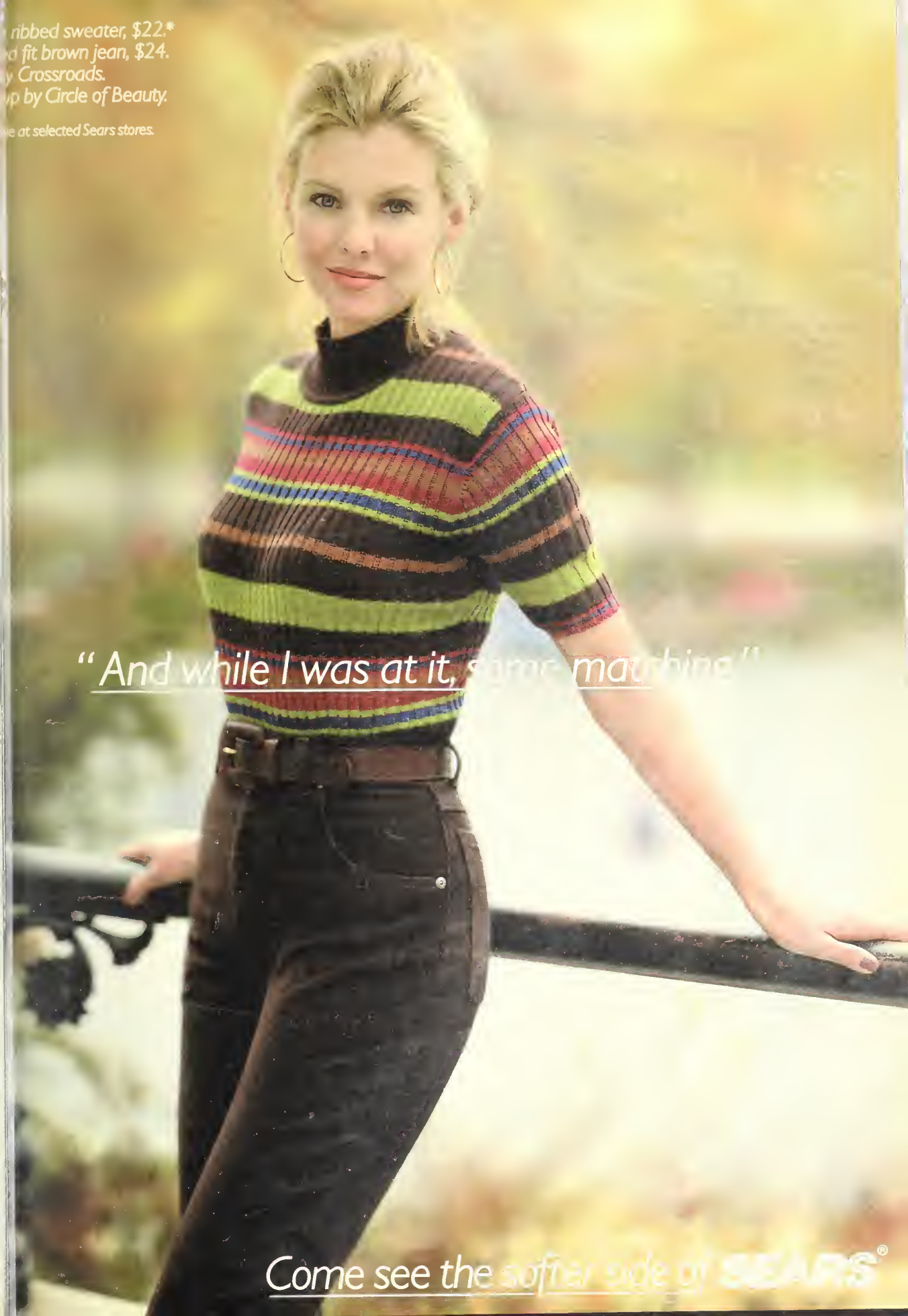
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"I wanted to do some mixing."

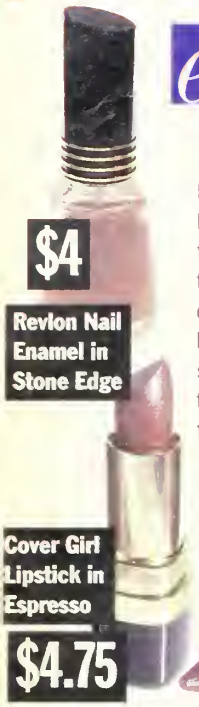


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ribbed sweater, $22.*
d fit brown jean, $24.
Crossroads.
p by Circle of Beauty.
e at selected Sears stores.
"And while I was at it,
Come see the

editor's PICKS

Looking for a fun way to get a head start on autumn before the weather turns cool? Switch to deeper, richer nail and lip color. Very wearable warm browns figure largely in the new season's forecast, and among the five best are these under-ten-dollar splurges.



$4

Revlon Nail Enamel in Stone Edge

Cover Girl Lipstick in Espresso

$4.75



L'Oréal Crayon Grande Lipcolour in French Roast/ Cappuccino

$6



Maybelline Lipstick in Cinnamon

$4.75



Orly Nail Color in Eclipse

$3.50



KNOCKOUT NAILS FAST

If only Scarlett O'Hara had known: The best fast fix when your hands are a mess is a natural-oil cuticle massage. Jan Arnold, president of Creative Nail Design, rubs jojoba or olive oil into the rough, jagged edges, then gently buffs nail beds. Presto! A rosy sheen in three minutes.



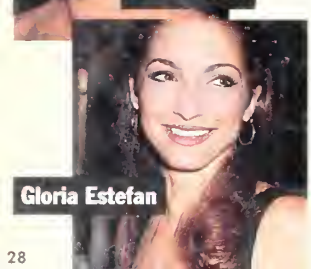
Demi Moore



Elizabeth Taylor



Geena Davis



Gloria Estefan

Why are these women SMILING?

Los Angeles makeup artist to the stars Francesca Tolot, of Cloutier, is an expert at using cosmetics to make her clients look younger. What have the four women pictured here learned under her tutelage? To forgo matte makeup in favor of products with a shinier, dewier finish. "I like to use a warm, pinkish brown lip pencil over lip balm for a fresh-looking mouth," Tolot says. "And shimmery bronzing powder is like youth in a compact: It makes anyone look healthy and rested."



No Time To Shop?

Never fear. Faster than you can say, "I'll take it," a department-store personal shopper can do it for you. Looking for a single-breasted, gray tailored jacket, size 14, with slim lapels? Armed with your specifications, the pro can have selections in your price range waiting in a dressing room upon your arrival. The timesaving service, which is great for when you're looking for something specific, has something else in its favor: It doesn't cost a cent.

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97 Kraft Foods, Inc., Crystal Light low calorie soft drink mix. Artificially flavored.

A BRIEF HISTORY OF COMFORT

It's really a twentieth-century concept, this idea of wearing clothes that don't actually *hurt*. And the last seven decades suggest a (we hope) permanent trend: Women will never sacrifice comfort for style again.



'30s Women start wearing the pants



'40s A better sweater



'50s Flats attack!



'60s Panty hose, mod or not, supplant stockings and garters



'70s Pantsuit 'er up!

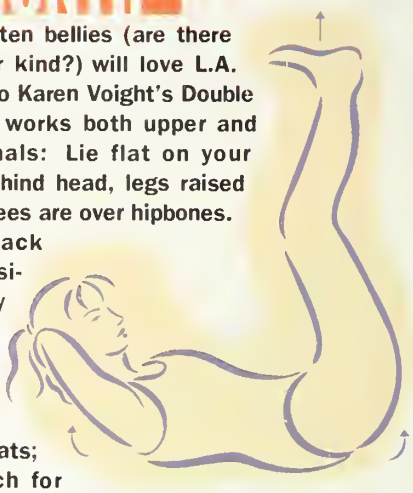
'80s Sweet forgiveness: loose layers over leggings

'90s S-t-r-e-t-c-h everything

EXERCISE OF THE MONTH

THE DOUBLE CRUNCH

Hard-to-flatten bellies (are there any other kind?) will love L.A. fitness pro Karen Voight's Double Crunch, which works both upper and lower abdominals: Lie flat on your back, hands behind head, legs raised as shown so knees are over hipbones. Press lower back against floor, simultaneously using abdominal muscles to raise shoulders and tailbone. Hold for two beats; release. Crunch for two minutes.



CONSULT YOUR DOCTOR BEFORE BEGINNING ANY EXERCISE PROGRAM

Runway vs. REALITY

The shows are over, and fashion editors and writers gave these designer looks glowing reviews. But we wondered: Would real women bestow the same accolades?



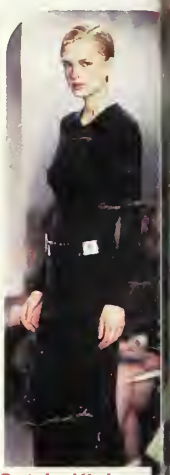
Ellen Tracy jacket, skirt and pullover
"The jacket is nice, but the slit in the skirt is obscene! She needs to be wearing black tights, not nude hose!"
—L.H.F., West Virginia



Isaac Mizrahi pantsuit
"Maybe I'm modest, but I usually wear a shirt under my jackets. I guess with the addition of a shell or sweater this could work for the office."
—L.M.S., Ohio



Oscar de la Renta leather jacket and black mini
"Imagine, a leather jacket for *indoors!* I love the look. I'd wear it for a dressy evening out with my husband."
—S.T., Tennessee



Calvin Klein knit dress
"I'd feel like Morticia Addams in all that black! I might buy the dress if it came in fuchsia or teal, and I'd definitely wear a scarf at the neck."
—L.S., Texas

PHOTOGRAPHS OF THE WOSH BUREAU

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such grand times with my granddaughter! And with Serenity, my bladder problem is out of sight, out of mind."

— Gloria



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PPC 1997 PLEASE CONSULT YOUR DOCTOR ABOUT BLADDER LEAKAGE

Craving A Baby

It would take both a miracle of nature and a miracle of medicine for me to have another child

By Andrea Rock





After tragedy and frustration, a happy ending—Chad

When our son Adam was born in 1988 following a trouble-free pregnancy, we never imagined that having a second child might be difficult. In fact, it was a long and painful journey.

March 1992 I've just had my second miscarriage in two years, and the sorrow is overwhelming. My obstetrician tries to reassure us that we're just having bad luck; doctors don't generally consider searching for a cause of lost pregnancies unless a woman has had three miscarriages or more in a row. But I'm in my late thirties and my husband, Steve, is in his forties, so time is of the essence. We've been through too much heartbreak to try again without knowing if there's a physical problem that should be corrected first.

After a battery of tests—all with normal results—an infertility specialist sends us to a reproductive immunologist. He's one of a small group of doctors that has done groundbreaking but controversial research on recurrent miscarriages. They believe that because the paternal half of a baby's genetic material is "foreign" to its mother's body, a substance in the father's sperm prompts the woman's body to produce blocking antibodies. These protect the baby from being rejected by her immune system. But if the parents' tissue types are too similar, the mother fails to provide the proper antibodies.

The immunologist injects me with a concentration of Steve's white blood cells, which should prompt my body to accept a baby if we conceive. All we can do now is hope.

January 1993 I'm pregnant again! Maybe the lymphocyte immunization treatment will finally be the answer we've been looking for.

February We're devastated—I just had my third miscarriage. But the immunologist says that a new problem was the culprit this time: I had developed an antibody that can cause blood clots to form in the vessels around the placenta, cutting off the baby's nourishment.

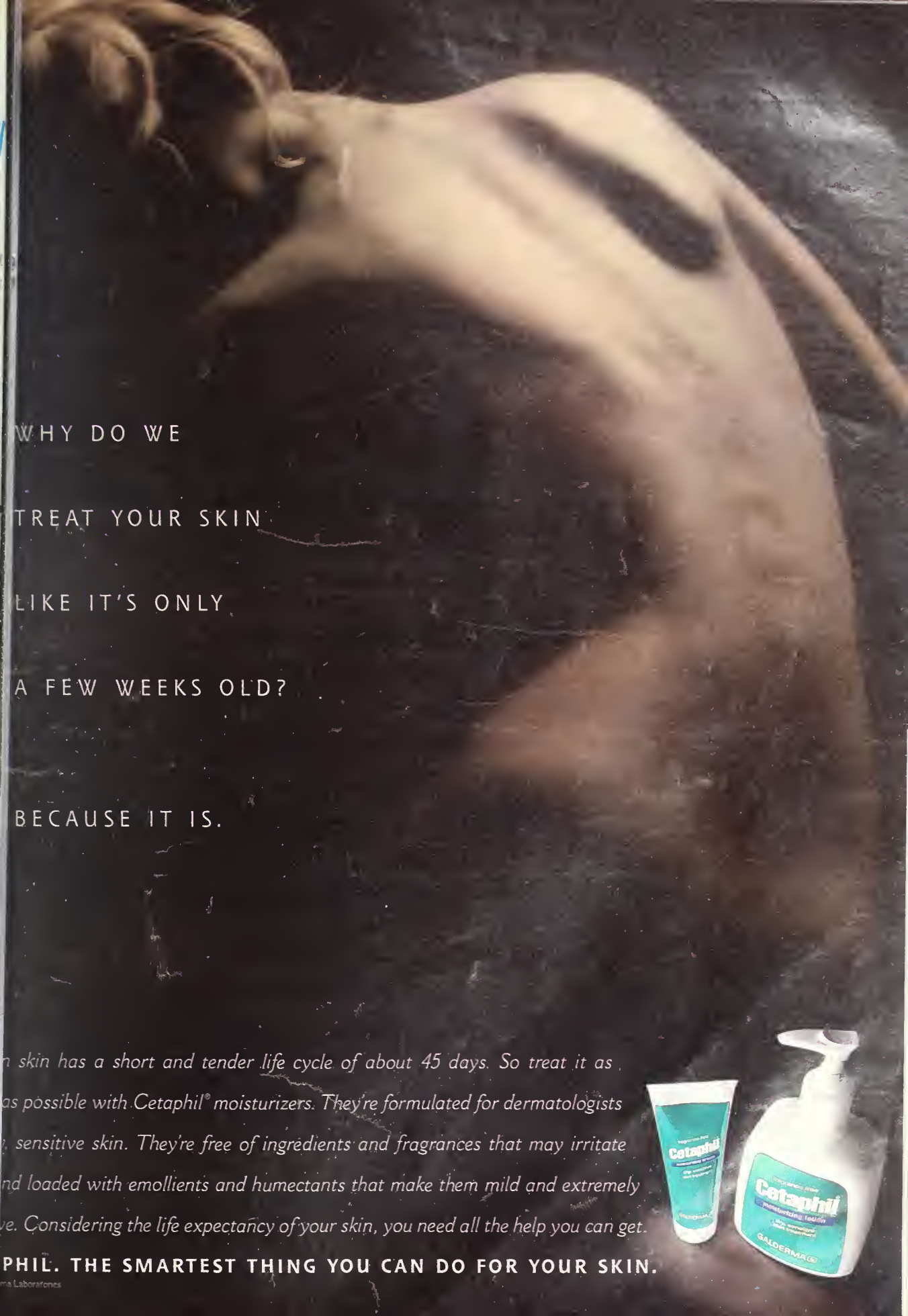
Giving myself injections of the anticoagulant drug heparin twice daily in my stomach, beginning around the time I start ovulating, should prevent clotting if I become pregnant again. It sounds horrible, but I can manage it. The tough part is deciding whether we can go through it all again.

July 1994 No success. I've been treated for a mild case of endometriosis, which can hinder conception. I've diligently taken my heparin shots, used ovulation-predictor kits and done all the rest. It's so discouraging. How much more can we take?

October We've finally decided to quit. The doctors can't find anything physically wrong with me or Steve. We're going to look into adoption.

February 1, 1995 Miracles *do* happen! We are just about to interview with an adoption agency when I realize that my period is a few days late. When that wonderful blue line appears in the window of the home-pregnancy test wand, I joyfully scream, "I'm pregnant!" Steve and Adam hug me, and we all jump up and down.

A test at the doctor's office confirms the good news: Our baby is due in October. It's so unexpected that it's hard to take in. Steve seems almost reluctant to let himself hope again. *(continued on page 38)*


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A WOMAN TODAY



Today, with Chad, Adam and Steve

(continued)

Meanwhile, I'm slowly getting used to my constant companion: a portable pump that will deliver a steady supply of heparin for the next couple of months to prevent blood clots. A home-care nurse shows me how to operate the pump and reinsert the IV needle every three days, but all I can think is: I'll never be able to do this!

February 9 Amazingly, I'm beginning to feel comfortable with the pump. In the meantime, we get a double-barreled surprise: I'm carrying *two* babies!

February 14 The roller coaster continues its unpredictable course of twists and dips. The latest blow: A follow-up ultrasound shows that we're back to just one baby; the other embryo simply stopped developing. The nurse explains that losing one or more fetuses in a multiple pregnancy is common. Some research shows that as many as one in eight conceptions starts out as twins, but the second sac is lost so early that it's never detected.

The good news is that my other baby is doing fine. Losing the twin is unsettling and sad, but since everything about this pregnancy seems to be out of my hands, I can only believe that it was meant to be.

February 21 I'm bleeding this morning. I try not to panic; still, my premonitions of doom don't disappear until I'm back in the ultrasound room, hearing those welcome words: "Everything looks fine." Just to be safe, I'm to rest in bed until the spotting stops.

February 22 The bleeding has stopped. Instinctively, I feel that all is well now. In two weeks, I'll reach another major milestone: my first obstetrician's appointment! The doctor we've chosen specializes in high-risk pregnancies.

March 3 My blood is tested weekly to ensure that the progesterone suppositories I insert every night are keeping that hormone level high enough for my uterus to support a developing fetus. I also take calcium supplements to offset the loss of the mineral from heparin, plus a prenatal vitamin, a baby aspirin (to prevent clotting) and the steroid prednisone to prevent inflammation from yet *another* type of blood antibody.

I have to admit I'm actually starting to believe this baby could happen. Not enough to let myself think about names or window-shop for clothes, though.

March 11 Why do I get every curveball? I've developed Rh antibodies. My blood is Rh-negative, and since the baby is Rh-positive, my antibodies could cross the placenta and destroy the fetus's red blood cells, causing anything from mild anemia to brain damage and death. (Rh incompatibility usually causes no problems during a first pregnancy, but can affect subsequent ones.) In the worst-case scenario, the baby will have to be transfused in the uterus. I feel like I've been hit by a truck. What else can go wrong?

March 15 The home-care nurse stops by to check on the heparin pump. She listens for the baby's heartbeat; it's loud and clear, like a little train chugging along. Please let it continue.

April 18 I've hit the three-month-plus mark. The obstetrician calls with news of my latest blood test: My Rh antibody level has dropped, and he doesn't anticipate any major problems. What a relief.

May 4 The nurse calls this afternoon to say that the preliminary results of the amniocentesis I had two weeks ago (another milestone!) are in. Everything is normal. I ask her about the baby's *(continued)*

TIME FOR BED

Nearly one in five women is told by her obstetrician to stay in bed at some point in her pregnancy. Bed rest, from a few days to several months, is prescribed for women with high blood pressure and heart problems, as well as those with pregnancy-related health problems such as edema or placenta previa and also ruptured membranes, which can bring on premature labor. Maria Shriver, pregnant with her fourth child, spent four weeks in a hospital bed earlier this year when she developed hyperemesis, or excessive vomiting. (At press time, she was in good health and due to give birth in late summer.) And doctors often recommend bed rest for women who, like Andrea Rock, have a history of recurrent miscarriages.

Apart from being relaxing, bed confinement allows an increase in blood flow to the uterus—less blood is needed in the legs and other extremities—giving the baby more nutrients. It also reduces the pressure on the uterus and cervix, helping to fend off premature labor in multiple births or patients with a weakened cervix. "Bed rest forces a mother to slow down and take care of herself," says Richard W. Henderson, M.D., an obstetrician with Franciscan Family Care, a health-care network in Wilmington, Delaware.

But not everyone agrees that lying down for long stretches is beneficial. In a 1994 review conducted by The Center for Obstetric Research at the University of Alabama at Birmingham, doctors found no evidence that bed rest prevented miscarriage or preterm delivery. In fact, they noted, it posed a risk for nonpregnancy-related problems such as bone demineralization. Most physicians, however, prefer to err on the side of caution.

—Shana Aborn

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A WOMAN TODAY

Continued

sex, and she tells me, "You've got a little boy!"

Suddenly, it all seems real. Now, I'm actually starting to plan for our new son's room and sorting the boxes of Adam's old baby clothes and toys.

May 25 At Adam's school picnic, I'm talking with two other moms when the subject of my pregnancy comes up. When I mention our struggles, both women respond with surprising stories. Ann, a mom of three, had two miscarriages. Kate has been trying for a second baby for six years. I never knew we had so much in common.

May 31 Steve goes with me for a Level II ultrasound—a state-of-the-art image clear enough to detect anatomical defects. The obstetrician pronounces our son's heart normal. More than ever, I realize that without the miracle of modern medical technology, we might never have gotten even this far.

June 16 It's now five months. The results of my latest blood test show an Rh antibody level of zero. Everything's safe.

July 10 Another checkup and all looks good, though the doctors are concerned that my cervix is shorter than they'd like. (The cervix shortens toward the end of pregnancy.) They want me to be on close watch for signs of premature labor: contractions, or a sense of pressure against the cervix. If our son were born now, he could survive, but he would likely have long-term health problems. Once we get past the thirty-week point, the odds will be much better.

July 24 My cervix is still too short. As a preventive measure, my doctor wants me to get ten hours of sleep a night and rest horizontally for an additional four hours every day until the baby is born. "You've got to be kidding!" I cry.

August 13 It's tough sticking to this bed-rest routine, especially when Adam is clamoring for my attention. To cope, I set aside this time for quiet reading or playing board games with him in bed.

My tummy is a gigantic r ball. I can't imagine making it t tober without exploding. I dreams in which I go into labo the baby never quite arrives.

September 22 Steve and I weighed the pros and cons of h a second cesarean, and in th the pros win out. I have an irra fear of something happening t baby during labor—I know a w who lost her child because of d complications. So the baby w delivered by C-section one from today—a little early, bu enough to be dangerously prem

Still, I worry about jinxing thi haven't been able to make myse a package of diapers. Why I fe would be tempting fate—espe since we've already bought a ba and car seat—I don't know.

September 29 This is the My sister takes Adam to schoo Steve and I head for the hospit 11:40 A.M., I'm wheeled into th erating room. Once the epidu administered and a drape is p to block my view, Steve, dress scrubs, sits in a chair beside clasping my hand tightly.

I feel plenty of tugging and sure, but no pain. Just seven m later, the anesthesiologist anno that they're ready to bring the out and asks if I want a mirr watch. I nod. I see an arm first the amazing and simply perfect of our new son, Chad.

A team of doctors and n works rapidly to clear his bre passages and warm him. No on anything, and I panic: "Is som wrong?" The doctor starts to but is interrupted by a won new voice crying hello. Steve's brim over as he says, "Mama, your baby." That's all it takes t on my tears.

October 1 Now, as I lie here Chad's velvety head tucked und chin, I know what bliss real When his tiny fingers curl aroun of mine, it wipes out every bit work, worry and heartache we through. He's the one we were ing for. Our family is complete.



$40 SHIRT.



$40 DUST RAG.

is a solution: Ban Roll-On. It doesn't leave yellow stains.

because, unlike some other anti-perspirants, Ban doesn't contain oils that ntribute to staining white cotton. And Ban Roll-On helps prevent the perspiration n also cause yellowing. All this, with the effective, all-day odor and wetness tion that you've come to expect from Ban products. No wonder we're the leading . Besides, who needs another dust rag?

ban

ROLL-ON

All-day protection from odor and wetness

America's #1 Roll-On

Ban Roll-On. Protection for you *and* your clothes.

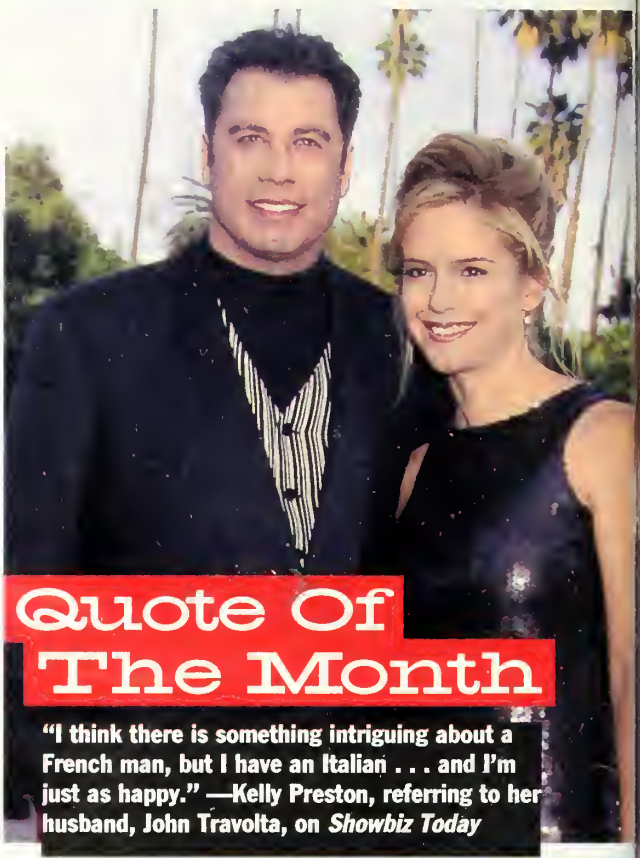
Ladies and Germs

The difference between public rest rooms goes way beyond his and hers, according to researchers from the University of Arizona, in Tucson. In a recent study, they discovered that women's rest rooms are twice as likely to contain potentially harmful germs as men's.

More germs were found on the floor, the toilet seats and the sinks of the ladies' rooms studied—even though men were actually found to be messier, says researcher Chuck Gerba, a professor of microbiology.

But the difference is actually quite logical. Women often bring kids into the bathroom with them, who tend not to be as sanitary as adults. Also, women's rest rooms get more traffic—women use the bathroom more often, and they stay longer.

Bathrooms with one stall, or more than five, tend to have more bacteria than bathrooms with two to four stalls because of heavy use, says Gerba. His advice is to wash and dry hands carefully. —Elizabeth Cohen, *Your Health*



Quote Of The Month

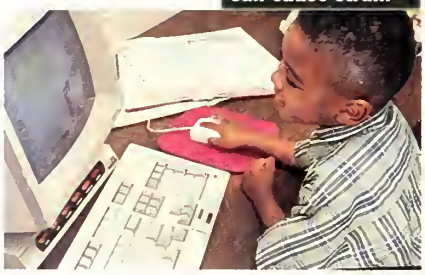
"I think there is something intriguing about a French man, but I have an Italian . . . and I'm just as happy." —Kelly Preston, referring to her husband, John Travolta, on *Showbiz Today*

Are computers hurting your kids?

Computers may be stimulating kids' minds, but what are they doing to their bodies? Researchers at Cornell University, in Ithaca, New York, have been looking at the effects of all those hours at the keyboard on kids' hands, arms and shoulders.

In a recent study, middle-school students were given a typing test, then played a game requiring a mouse. The researchers found that there is less stress on the joints and muscles when the keyboard and mouse are sitting not on top of the desk but on a lower platform. "Imagine that you're sitting back in your chair, working with the keyboard almost in your lap—that's the kind of posture that poses the least risk of injury for both kids and adults," says researcher Alan Hedge, a professor of ergonomics.

—Ann Kellan, *Science and Technology Week*



Too many hours in the wrong position can cause strain

Don't Spend Your Savings

Although employees changing jobs should roll over their 401(k) assets, a surprising 40 percent spend the cash. "Many say they need it for a down payment on a house, or a new car," says Steven Norwitz, a vice president of T. Rowe Price, an investment management firm in Baltimore, Maryland. But spending a retirement account prematurely results in stiff taxes and penalties, not to mention losing the tax-deferred savings. Also keep in mind:

- If you have at least $3,500 vested in your 401(k), you can leave the money in your old plan.
- If you roll the money over, have the funds transferred directly into the new account. If the check is paid to you, 20 percent will be withheld until the next tax year.

—Valerie Morris, *Your Money*

Watch CNN's Showbiz Today for the latest from Hollywood to Broadway (Monday to Friday, 5:30 P.M., and Tuesday to Saturday, 12:30 A.M., E.T.) and Science and Technology Week for high-tech information on the latest science news (Saturday, 11 A.M., and Sunday, 4 P.M., E.T.).

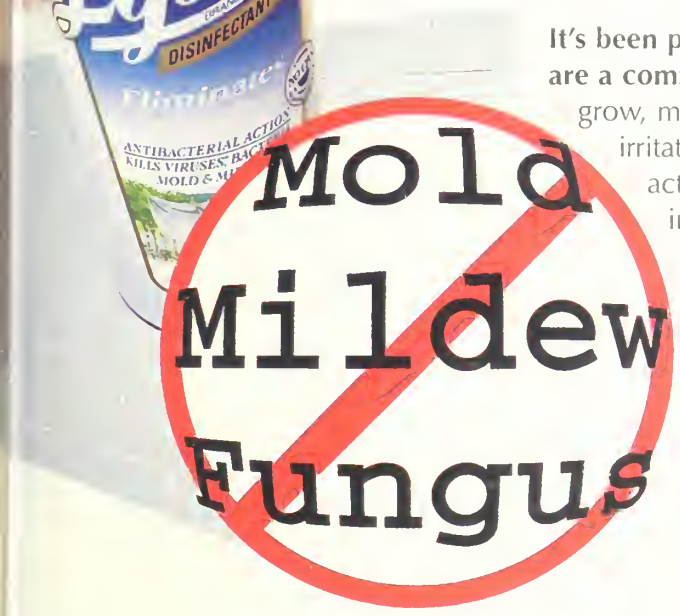
Spray Now, or Scrub Later.



Everyone knows that mold and mildew are repulsive, foul-smelling and almost impossible to scrub clean. But what you may not know is that mold and mildew are germs — of the fungal variety. To prevent them in the first place, use LYSOL® Disinfectant Spray regularly.

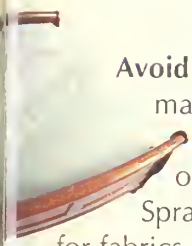


It's been proven that mold and mildew are a common cause of allergies. As they grow, mold and mildew can release irritating spores into the air. But you can actually help keep mold and mildew from growing in humid spots like your closets, basement, and recycling bins with LYSOL Spray. That's nothing to sneeze at.





Why throw out your shower curtain at the end of August? Even though mold and mildew thrive in steamy, damp places, you can still keep your shower curtain looking new with LYSOL Spray. Just spray the precleaned surfaces at least three times a week. And use LYSOL Spray to protect bathroom tiles, sliding tracks on vanity mirrors, even the areas under sinks.



Avoid those summer musties. Spray your mattresses, pillows and sheets to eliminate that musty odor brought on by damp, humid weather. LYSOL Spray with Crisp Linen™ Scent is perfect for fabrics and upholstered furniture. Rest d, you'll be keeping your bed smelling fresh.

The choice is yours. You can grab a brush and get ready to scrub or simply grab a can of LYSOL Spray and help stop mold and mildew from coming back.

IT HELPS PROTECT Lysol® BRAND DISINFECTANT SPRAY YOU HAVE OUR WORD ON IT

Call **1-800-99-LYSOL** for more tips on how to make your home a healthier place.



Deborah Marquardt got a good deal on a vintage table

Second to None

When these women went in search of a bargain on jewelry, appliances and furniture, they found that secondhand was the way to go

Buying Time

When I started my search for a dressy wristwatch, I knew just the style I wanted: a delicate, mechanical timepiece of the past, the kind that (gasp) needs regular winding. I couldn't afford a true antique, so I set out to find a good-quality used watch with the vintage look I was after.

At the suggestion of a friend, I visited some local pawnshops. Despite the sleazy image these establishments once had, most of the ones I went to were clean, well-organized and staffed with helpful, though not necessarily knowledgeable, employees. Better yet, they were willing to bargain. I found a wide range of prices, from $10 for a cheap contemporary watch to $6,000 for a bracelet-style Piaget in 18K gold surrounded by diamonds. However, most were modern quartz watches, and the majority—except for the beautiful Piaget—looked too beat-up to justify even a bargain price.

At my fifth pawnshop, two old-time mechanical watches caught my eye. One, priced at $39, was stamped "14K gold-filled," unlike most I had seen, which were stamped "base metal" or "stainless steel." The other was an unusual, triangular 10K gold-filled Hamilton—a reputable brand—that was marked down to $25. Unfortunately, both had scratched crystals and stained, dirty faces.

Next stop: my local Yellow Pages, where I found a listing in Fort Collins, Colorado, for the Vintage Clock & Watch shop, a member of the National Watch and Clock Collectors Association as well as the local Better Business Bureau. Here, I struck gold—literally. I had more than a dozen old-fashioned windups to choose from, many 10K or 14K gold-filled.

As the shopkeeper brought watches out of the case, he explained that they all had been cleaned and adjusted and came with a six-month warranty. When I asked why certain watches said "17 jewels" on the face, he explained that jewels are the bearings on which the pivots turn and that a higher number typically means a better quality watch. As I tried on a lovely 1950s-era, 10K gold-filled Longines with a rectangular face, the shopkeeper noted that the band fit too loosely, but said he would gladly adjust or replace it with a smaller one at no additional charge. It had seventeen jewels and everything I wanted. The final test: Would he come down on the $129 price? Calculator in hand, he agreed to go as low as $113, a more than 10 percent reduction. Not the bargain-basement price of a pawnshop, but I was sold—and so was the watch.

—Sharlene K. Johnson



Sharlene Johnson found an old-fashioned watch at an old-fashioned price

Classified Deal

When the hefty renewal bill from my health club came in the mail last winter, I decided to hunt for a used treadmill to replace my thrice-weekly trips to the gym.

I started my research by checking out the newest models at *(continued on page 48)*

The National Osteoporosis Foundation recommends a diet rich in calcium from broccoli, salmon, milk and Tums.

America has a calcium deficiency. 80% of American women don't get enough calcium. That's why, when we reach 50, half of us are likely to get osteoporosis. One out of two!

Your bones are calcium. Your bones need calcium. 1,000 mgs of it every day. From greens. From milk. From cheese. From Tums. (Just 2 Tums Ultra give you 800 mgs of calcium.)

You need calcium. Tums is calcium. Of all the wonderful sources of calcium, none is richer, none is purer, none is easier and none is more human-being-useful than Tums.

That's why doctors recommend Tums. Of all the brands of calcium, doctors recommend Tums most. And Tums is the first calcium supplement ever recommended by the National Osteoporosis Foundation.

Do something. Talk to your doctor. About calcium. About risk factors. About exercise. And about Tums. And remember, the better you treat you, the longer you last.

CALCIUMS®



RECOMMENDED NATIONAL OSTEOPOROSIS FOUNDATION

NOW THERE'S ALLEGRA™. THE PRESCRIPTION SEASONAL ALLERGY MEDICINE THAT LETS YOU GET OUT THERE.

Experience something different this allergy season. So *you* can experience more. Because this season, there's Allegra.

Only you know how miserable your seasonal nasal allergies can be—and how some medicines can make you feel. That's why Allegra was made to give you nondrowsy relief from symptoms like sneezing, runny nose, and watery, itchy eyes, but lets you feel like yourself.

In fact, in tests conducted by allergists, drowsiness in people who took Allegra was similar to placebo (sugar pill), 1.3% vs 0.9%. The most commonly reported adverse experiences for Allegra and placebo are cold or flu (2.5% vs 1.5%), nause (1.6% vs 1.5%), and menstrual pain (1.5% vs 0.3%).

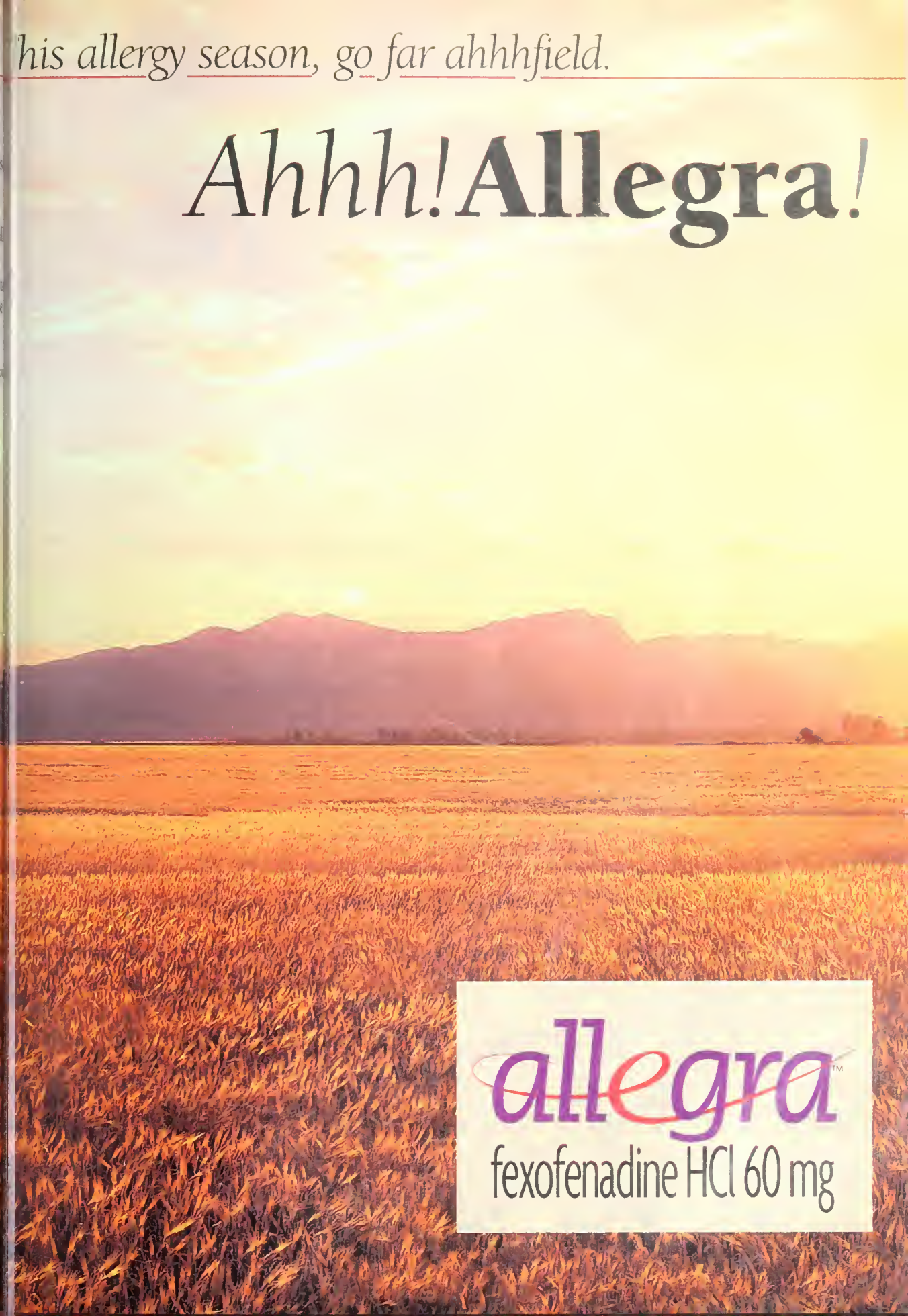
And Allegra is safe to take as prescribed—one capsule, twice a day for people 12 and over. Most important of all its effectiveness doesn't wear off as the day wears on.

So discover what it takes to get out there this year. Talk t your doctor. Because *we* don't need to tell you much else about Allegra.* The relief you'll feel says it, ahhh, all.

* *Please see additional important information on adjacent pa*



97949201/0108A7


his allergy season, go far ahhhfield.
Ahhh! Allegra!
allegra™
fexofenadine HCl 60 mg

Brief Summary of
Prescribing Information as of July 1996

ALLEGRA™
(fexofenadine hydrochloride) Capsules
60 mg

INDICATIONS AND USAGE
ALLEGRA™ is indicated for the relief of symptoms associated with seasonal allergic rhinitis in adults and children 12 years of age and older. Symptoms treated effectively include sneezing, rhinorrhea, itchy nose/palate/throat, itchy/watery/red eyes.

CONTRAINDICATIONS
ALLEGRA™ is contraindicated in patients with known hypersensitivity to any of its ingredients.

PRECAUTIONS
Drug Interactions
In two separate studies, fexofenadine hydrochloride 120 mg twice daily (twice the recommended dose) was co-administered with erythromycin 500 mg every 8 hours or ketoconazole 400 mg once daily under steady-state conditions to normal, healthy volunteers (n=24 each study). No differences in adverse events or QTc interval were observed when subjects were administered fexofenadine hydrochloride alone or in combination with erythromycin or ketoconazole. The findings of these studies are summarized in the following table:

Effects on Steady-State Fexofenadine Pharmacokinetics
After 7 Days of Co-Administration
with Fexofenadine Hydrochloride
120 mg Every 12 Hours (twice recommended dose)
in Normal Volunteers (n=24)

Concomitant Drug	$C_{max,SS}$ *(Peak plasma concentration)*	$AUC_{ss}(0\text{-}12h)$ *(Extent of systemic exposure)*
Erythromycin (500 mg every 8 hrs)	+82%	+109%
Ketoconazole (400 mg once daily)	+135%	+164%

The mechanisms of these interactions are unknown, and the potential for interaction with other azole antifungal or macrolide agents has not been studied. These changes in plasma levels were within the range of plasma levels achieved in adequate and well-controlled clinical trials. Fexofenadine had no effect on the pharmacokinetics of erythromycin or ketoconazole.

Carcinogenesis, Mutagenesis, Impairment of Fertility
The carcinogenic potential and reproductive toxicity of fexofenadine hydrochloride were assessed using terfenadine studies with adequate fexofenadine exposure (based on plasma area-under-the-curve [AUC] values). No evidence of carcinogenicity was observed when mice and rats were given daily oral doses of 50 and 150 mg/kg of terfenadine for 18 and 24 months, respectively; these doses resulted in plasma AUC values of fexofenadine that were up to four times the human therapeutic value (based on a 60-mg twice-daily fexofenadine hydrochloride dose).
In in-vitro (Bacterial Reverse Mutation; CHO/HGPRT Forward Mutation; and Rat Lymphocyte Chromosomal Aberration assays) and in-vivo (Mouse Bone Marrow Micronucleus assay) tests, fexofenadine hydrochloride revealed no evidence of mutagenicity.
In rat fertility studies, dose-related reductions in implants and increases in postimplantation losses were observed at oral doses equal to or greater than 150 mg/kg of terfenadine; these doses produced plasma AUC values of fexofenadine that were equal to or greater than three times the human therapeutic value (based on a 60-mg twice-daily fexofenadine hydrochloride dose).

Pregnancy
Teratogenic Effects: Category C. There was no evidence of teratogenicity in rats or rabbits at oral terfenadine doses up to 300 mg/kg; these doses produced fexofenadine plasma AUC values that were up to 4 and 37 times the human therapeutic value (based on a 60-mg twice-daily fexofenadine hydrochloride dose), respectively.
There are no adequate and well-controlled studies in pregnant women. Fexofenadine hydrochloride should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.
Nonteratogenic Effects. Dose-related decreases in pup weight gain and survival were observed in rats exposed to oral doses equal to and greater than 150 mg/kg of terfenadine; at these doses the plasma AUC values of fexofenadine were equal to or greater than 3 times the human therapeutic values (based on a 60-mg twice-daily fexofenadine hydrochloride dose).

Nursing Mothers
There are no adequate and well-controlled studies in women during lactation. Because many drugs are excreted in human milk, caution should be exercised when fexofenadine hydrochloride is administered to a nursing woman.

Pediatric Use
Safety and effectiveness of ALLEGRA™ in pediatric patients under the age of 12 years have not been established. Across well-controlled clinical trials in patients with seasonal allergic rhinitis, a total of 205 patients between the ages of 12 to 16 years received doses ranging from 20 mg to 240 mg twice daily for up to two weeks. Adverse events were similar in this group compared to patients above the age of 16 years.

Geriatric Use
In placebo-controlled trials, 42 patients, age 60 to 68 years, received doses of 20 mg to 240 mg of fexofenadine twice daily for up to two weeks. Adverse events were similar in this group to patients under age 60 years.

ADVERSE REACTIONS
In placebo-controlled clinical trials, which included 2461 patients receiving fexofenadine hydrochloride at doses of 20 mg to 240 mg twice daily, adverse events were similar in fexofenadine hydrochloride and placebo-treated patients. The incidence of adverse events, including drowsiness, was not dose related and was similar across subgroups defined by age, gender, and race. The percent of patients who withdrew prematurely because of adverse events was 2.2% with fexofenadine hydrochloride vs 3.3% with placebo. All adverse events that were reported by greater than 1% of patients who received the recommended daily dose of fexofenadine hydrochloride (60 mg twice-daily) and that were more common with fexofenadine than placebo, are listed in the following table:

Adverse Experiences Reported in Placebo-Controlled
Seasonal Allergic Rhinitis
Clinical Trials at Rates of Greater Than 1%

Adverse Experience	*Fexofenadine 60 mg Twice Daily (n=679)*	*Placebo Twice Daily (n=671)*
Viral Infection (cold, flu)	2.5%	1.5%
Nausea	1.6%	1.5%
Dysmenorrhea	1.5%	0.3%
Drowsiness	1.3%	0.9%
Dyspepsia	1.3%	0.6%
Fatigue	1.3%	0.9%

Adverse events occurring in greater than 1% of fexofenadine hydrochloride-treated patients (60 mg twice daily), but that were more common in the placebo-treated group, include headache and throat irritation.
The frequency and magnitude of laboratory abnormalities were similar in fexofenadine hydrochloride and placebo-treated patients.

Prescribing Information as of July 1996

Hoechst Marion Roussel, Inc
Kansas City, MO 64137 USA

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Hoechst Marion Roussel

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SECOND TO NONE

Continued from page 44

a few sporting-goods and department stores, and soon realized that there is a major difference between machines costing around $200—most are mechanical (requiring your leg power to operate them) and no good if you like to run—and the $600 to $800 electric models. The higher-priced machines have varying programs on their display panels. As someone who bores easily when exercising (even if I did plan to set it up right in front of my TV), I definitely needed some variety.

My next stop was the library, to see how various models rated. After about thirty minutes of searching through consumer magazines, I left with three brand names in mind: Weslo, Vitamaster and Pro-Form, which consistently rated well and offered many models in my price range.

For the next three weekends, I searched garage sales, answered numerous classified ads and stopped by three used sporting-goods stores to leave my name and number (they all offer a "wish list" service, and will notify you if a model you're looking for becomes available). Two weeks later, one of the stores called to say that a Pro-Form treadmill had come in. After I tested it, there were a couple of things that made me uneasy. First, my stride seemed just as long as the belt—not much room for error, and certainly not enough room for my taller husband. And then there was the price. The machine originally sold for about $600, and when I asked the salesman if he could knock the used price down from $440 to $400, he laughed and said, "We could sell this machine for $50 more!"

So it was back to the classifieds, where I found six more ads for treadmills. One sounded perfect: a one-year-old Weslo with plenty of programs and options. My husband and I drove over and tried it out; we both liked it. The owner presented us with all the paperwork—her receipt showed that she had paid $600 for it, and some of the parts were still under warranty. The machine was well maintained, and the belt ran smo[illegible]ly. Her offer: $400. My counter of $350. Her final offer: $375. Sold.

—Heather Moors John[illegible]

Laundry Money

Buying a washing mach[illegible] doesn't rate particularly h[illegible] on my thrills-and-ch[illegible] scale, but with two kids [illegible] a perpetual pile of di[illegible] clothes, it was a neces[illegible] when my machine broke down. A[illegible] single mom who can think of m[illegible] fun ways to spend her income, I [illegible] cided to shop secondhand.

I knew I'd need a machine with[illegible] extra-large tub, but I wasn't as ver[illegible] on other basic features. I did so[illegible] initial research on the Internet, c[illegible] sulting homeowner Web sites a[illegible] on-line consumer magazines. T[illegible] gave me a few general guidelin[illegible] Look for a minimum of two wat[illegible] level choices, so you don't waste [illegible] ter and electricity washing sm[illegible] loads, and when it comes to cycle [illegible] lections, something between the ba[illegible] bones three cycles and the pri[illegible] dozen-and-up models makes se[illegible] for most people. Also, you'll need[illegible] least two agitation-speed option[illegible] you wash delicate fabrics.

I also learned that in May 19[illegible] new federal energy-efficiency st[illegible] dards for washing machines and d[illegible] ers forced manufacturers to pull [illegible] their dirty socks. The majority of [illegible] energy used by a washer goes i[illegible] heating the water, and while the [illegible] ter used in the wash portion of [illegible] "normal" cycle is hot, manufactur[illegible] have switched the rinse water fr[illegible] warm to cold in order to com[illegible] with the federal requirements. So[illegible] you get a machine manufactured [illegible] ter May 1994, you'll know it's m[illegible] energy-efficient, and therefore m[illegible] cost-efficient, than most older m[illegible] els. (In some cases, the year [illegible] stamped on the metal plate with [illegible] serial number. If not, consumers [illegible] call the manufacturer and ask th[illegible] to look it up.)

Armed with this information, I [illegible] sponded to more than a dozen cla[illegible] fied ads. I assumed I'd *(contin[illegible]*

ALL ABOUT YOU



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Guaranteed Relief For Your Pet

Is your pet going crazy with itching and scratching? Add Lipiderm to your pet's food and see the tremendous results. Already used by millions of pet owners, Lipiderm's unique, patented blend of Omega 3 fatty acids will stop the inflammation that causes your pet's skin to itch. Lipiderm is veterinary recommended and 100% guaranteed. For coupons and the location of a pet store nearest you, call 1-800-889-1851.

These Aren't Your Mother's Diet Pills



Say goodbye to yesterday's diet pills and go beyond fat-burning with a unique, patented blend of herbs, vitamins and minerals that help eliminate fat, cellulite and dieting. To lower cholesterol, burn fat, and tone muscle we've added DHEA. To ensure there are no nasty side-effects, *BioSafe* is 100% free of ma-huang, caffeine and ephedrine. For maximum results, *BioSafe* is supercharged with the GAFA-Complex to increase weight-loss results. 90 capsules for $29.95 +$4.95 s/h. Call 800-903-2696 or send ck/m.o. to: R&P Technologies, Dept. LHJ8, 1941 Oak Tree Rd., Suite 3A, Edison NJ 08820.

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A breakthrough blend of homeopathic herbs and minerals, the GAFA Complex reduces fat, speeds weight loss and helps curb appetite while naturally boosting strength, energy and libido. Highly recommended by European doctors, it's available exclusively in the U.S. in *BioSafe*.

er, Long-Lasting Removal—Painlessly



r Free Hair Remover has been redesigned with a powerful new tip painless, long-lasting hair removal. Based on proven medical iogy, safe RF (Radio Frequency) energy destroys unwanted hair roots. Effective on any body hair—from brows to bikini line—in onds! Credit card orders call 1-800-868-3733 or send ck/m.o. for (+ $6.50 s/h) to KMC International, 1260 Lincoln Ave., Ste. 1200, na, CA 91103. 60-day money-back guarantee. (CA res. add $8.21 sales tax.)



Troubled by Frizzy Hair?

Ouidad's Deep Treatment conditioner, a lotion for frizzy hair, has been featured by dozens of beauty editors, making Ouidad's salon a haven for those with frizzy, curly hair. For a free brochure of Ouidad's complete line of hair care products call (800) 677-HAIR, write to Ouidad at P.O. Box 80, Bethel, CT 06801, or visit www.ouidad.com. LJ9708.

ıe New Cholesterol-Controlling ternative: Effective, Economical

exercise. You don't smoke. You eat healthy ls and you limit the amount of fat in your diet. your cholesterol level is still too high?



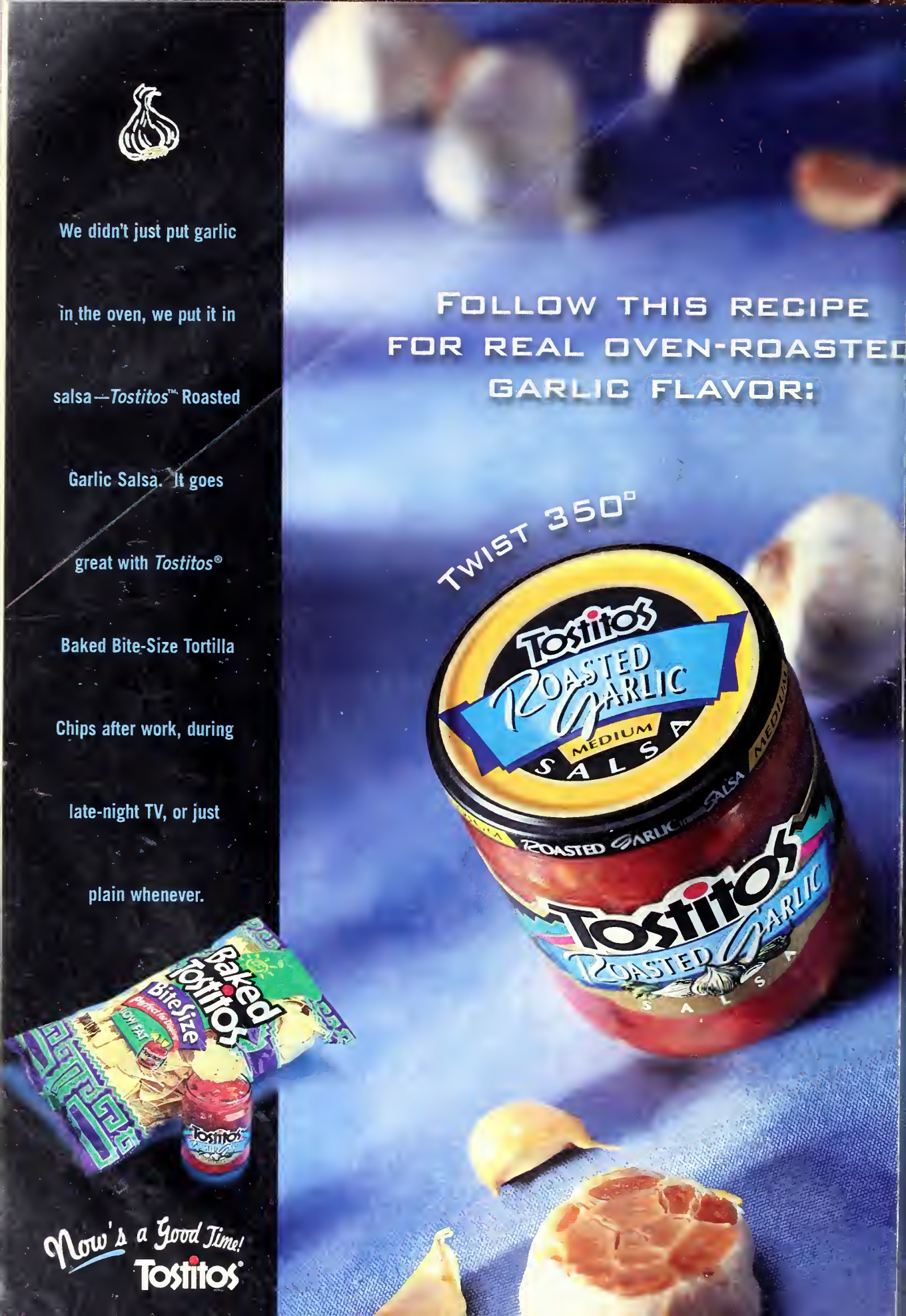
ou may need extra help in getting your cholesterol count down to a heart-healthy number. Ask your doctor about Lipitor, the new, cholesterol-lowering drug that has been shown in clinical trials to be ffective in reducing LDL and triglycerides than similar drugs designed trol high cholesterol levels. Plus Lipitor also works to raise the levels of or good cholesterol. Best of all, it's available at a considerable savings gh the aVida Rx prescription program if you are not covered by a iption program and pay cash for your drugs. Yearly membership costs an $10 and by joining, you'll save up to 60% when your doctor authorizes prescription change to Lipitor (if medically appropriate). Simply take iew or revised prescription to one of the 25,000 participating pharmacies. rn more about the aVida Rx program call 1-800-511-1314. Prescription gs are also available for birth control pills, estrogen replacement py, heart medications and diabetes products.

e ABC's of Cholesterol

or low density lipoprotein is the so-called "bad" cholesterol which, if present in high levels, translates into an increased risk of heart disease. uch of it in the blood helps form plaque that can clog the arteries to the brain and heart or cause a stroke-causing clot.

cerides are the chemical form of most fats in the body and in food. Calories that are not immediately used by the body are converted to triglycerides ent to fat cells for storage. If you have an excess of triglycerides in your plasma, you could be at a higher risk for coronary artery disease.

—high density lipoprotein—cholesterol has a much better reputation. Known as the good cholesterol, it's believed to help carry cholesterol from the arteries back to the liver, where it's eliminated from the body, and when present in high levels seems to protect against heart se. If you need help getting your cholesterol levels under control, ask your doctor about Lipitor. It's been found to be particularly effective vering LDL and triglycerides (bad cholesterol), while helping to raise the level of HDL (good) cholesterol by as much as 6 to10%.


We didn't just put garlic
in the oven, we put it in
salsa—*Tostitos*™ Roasted
Garlic Salsa. It goes
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Baked Bite-Size Tortilla
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COND TO NONE

ntinued

a better bargain buying from an lividual rather than a used appli- ce store, but I was wrong. The st value I could find was a year- l heavy-duty Westinghouse washer · $270. I also came upon two aytag machines priced at $75, but e needed a $150 repair and the ner was about twenty years old. ıd, naturally, there were no guar- tees—if the washer broke the day er I got it home, it was my loss.

The retailers of secondhand appli- ces, on the other hand, offered tter values and, to my surprise, me impressive guarantees. In one ore, I found a year-and-a-half-old per-capacity Kenmore machine for 75, including a ninety-day guar- tee on all parts and labor, and the t store I visited had a selection of 8 machines. While many of their ishers were of indeterminate age, ch had been completely over- uled. What's more, all parts and bor were guaranteed for one year, rts alone for two years and the nsmission for a remarkable three ars. I found an amply outfitted enmore here, a deal so good it al- ost makes doing laundry a reward- g job. —Deborah Beroset

Chip Off The uction Block

I confess to a passion for tables. Perhaps it is from memories of my grandmother making strawberry-shortcake biscuits, or the hours I spent stooped over my homework or finger ints. Whatever the reason, when- er I attend auctions or flea mar- ts, I gravitate toward tables.

This particular summer evening, ore than one hundred sixty people ıd packed the Smithfield Antiques enter in historic Smithfield, Vir- nia. Auctions are held here once a onth, but not all are strictly of an- ques. Many are estate auctions, here a household is emptied of its ontents. The night I attended it emed to be a collection of estates, ith old and new items such as furniture, dishes, games and toys.

Several days prior to the auction, I stopped by to view the goods. Most auctioneers display early to build excitement. This also gave me time to do some comparison shopping at retail stores and antiques dealers, and to check prices against *Kovels' Antiques & Collectibles Price List*, which is available in local bookstores and libraries. That night, I knew I was eyeing some terrific bargains, but the main reason I go to auctions is to find something I can't find anywhere else.

The table I spotted had an enamel top, painted with red grapevines and clusters. The legs were solid wood and painted white, though they needed a fresh coat. Popular in the 1940s, these tables are considered collectibles because of their unusual designs. The tops have geometric, floral or even animal motifs, most trimmed in black, green, brown or red. I like them not only because they are different, but because they can survive run-ins with crayons and crafts. When I bought my first enamel-top, I paid $20 at a flea market; in antiques stores today, they carry price tags of about $175 to $250.

At this auction, I budgeted only $100. I listened awhile to learn the auctioneer's patter. (One auctioneer might sell a set of chairs "by the piece, six to go"—so, if you bid $15, you've really spent $90—while others will sell a set for "one money.")

When my table came up on the auction block, my heart started throbbing. As bidding started, I jumped in at $20. The bids rose in $5 increments to $40, then $45. Suddenly, at $60, the auctioneer announced, "Going, going, gone," and looked my way. The table was mine! Just in time for a weekend family festival at my country house. My newest addition made its debut with a vase of bright yellow sunflowers, deep red napkins and a big bowl of homemade peach ice cream. After the dishes were cleared, I sat back and enjoyed the merriment around the table—and the compliments on it. —Deborah Marquardt ●

Five Rules For Buying Secondhand

1. DON'T UNDERESTIMATE THE "NEEDS LOVING CARE" FORMULA. An antique table might be a steal at an auction, but if you don't have time to refinish or repaint it, it just becomes clutter in your garage.

2. DON'T FALL FOR FALSE SAVINGS ON OLD LARGE APPLIANCES. An eight-year-old air conditioner might be only $100, but you'll probably find that high electric bills will negate any savings. Appliances such as stoves, washers and dryers made since 1990 are required to post energy-efficiency ratings.

3. DO PUT SAFETY FIRST WITH BABY FURNITURE AND EQUIPMENT. Antique cribs may be pretty, but if the rails are far enough apart for a baby to catch his head in, they can be dangerous. Make sure the piece has a sturdy frame, that rough parts and hinges are covered, small parts are firmly secured and the straps hold children securely.

4. DON'T PAY TOP DOLLAR FOR REPRODUCTIONS OR ANTIQUES THAT HAVE BEEN "ENHANCED" OR REPAIRED. An inexpensive piece may be no more than wood veneer over particleboard. Open drawers to check if they're dovetailed (good), or nailed or sloppily glued (bad). Also inspect the table's feet for saw marks to see if they've been replaced. (This is a rather common practice, since the feet rot from moisture over time.) Finally, if a surface area on a piece of furniture doesn't have the same patina as the rest, suspect a repair.

5. DON'T BUY HIGH-TICKET PRODUCTS WITHOUT SOME KIND OF WARRANTY OR RETURN POLICY. Sports or exercise equipment is a popular secondhand option, but a stationary bike purchased at a neighborhood flea market might be missing parts and its instruction booklet. Used sporting-goods stores offer equipment at half price and can get replacement parts from the manufacturer. Best of all, the products are usually fully guaranteed. —D.M.



Trendwatch

LAMP SHADES

How can you change the entire look of a room when you've got a tight budget? Here's a bright idea: Simply replace old lamp shades with decorative new ones. Available in all shapes, sizes and colors—and for a fraction of what it would cost to buy a new light fixture—lamp shades can add pizzazz to a room or complement nearly any style of furniture. Popular now are striking umbrella-frame and glass-beaded or tall rectangular shades. For a formal touch (and a bit more money), try the hot-selling Victorian or candlestick shades. —D.J.B.

HARD-WATER WOES

If your arms ache from scrubbing household soap scum, your problem may stem from more than just stubborn suds. According to the U.S. Geological Survey, the water in 75 percent of the country is "hard"—having excessive levels of calcium, magnesium, and other minerals. This is the culprit behind those white deposits on kitchen and bath fixtures, dishes and glassware. Installing a water-softening system is the easiest solution, but can cost $800 to $2,500. Instead, try these simple remedies from Jeff Campbell, author of *Talking Dirt!* (Dell, 1997):

Bathroom/Kitchen Clean porcelain or stainless-steel fixtures with any acidic cleane (except hydrochloric acid) an white scrub pad or #0000 ste wool. On marble, just use the steel wool.

Toilet Try an acidic cleaner o wet pumice stick.

Dishes In the dishwasher, use liquid rinse agent, which caus water to sheet off dishes rath than dry in droplets. To keep machine clean, add 2 to 3 cu white vinegar after water fills the first cycle.

Household Objects An overni soak in white vinegar leaves chrome showerheads and gla vases spotless. —Valerie Ka

FYI THERE'S STILL TIME TO ENTER OUR "PRETTIEST SMAL TOWN IN AMERICA" CONTEST AND WIN $10,000! SEE PAGE 12 FOR DETAILS

MAKING ORCHIDS LAST



While orchid plants produce some of the prettiest blossoms, they can be difficult to care for. But even if you haven't had much luck with orchids in the past, don't be discouraged, says Ned Nash, director of education and conservation for the American Orchid Society, in West Palm Beach, Florida. Once you know the routine, caring for the plant is really quite manageable. At your local nursery, look for orchids of the phalaenopsis, lady's slipper or cattleya variety—three of the least temperamental, says Nash. Choose ones with the fewest opened buds, and make sure they are clean, sturdy and potted firmly in fir bark chunks—never soil. When you bring the plant home, place it in an east window away from air-conditioning and heating vents. Water the plant only when the potting mix dries out, and add a mild liquid fertilizer to the water every other week. In six to ten weeks the flowers will fall off—but don't panic. Continue to water the plant throughout the year. During the summer, put the plant outdoors in a shady spot shielded from wind. "Orchids are seasonal plants," says Nash. "They'll bloom again next year in the same season in which you bought them."

—Deborah J. Baer

Ask Mary Emmerling

Q I am looking for a coffee ta that will create a focal poin my living room, yet still be functio Any suggestions?

A Instead of buying a traditio four-legged table, try a wic trunk or two leather trunk cases—b are great for storage, too. Or, get ative and build upon anything wi flat surface: Two stacks of art bo for instance, make eye-catching s ports for a piece of clear glass.





Until Pella's between-the-glass feature, the last time you heard "cool shades" was when you had that pair of aviators in '83.

It's a pretty great idea, shades that actually operate between the panes of glass in your windows doors. This way, they're protected from dust and dirt. And there's no rattling or chance of little hands ts getting to them. Plus, to change the style or color, the inside panel is easily removed.

These shades are just one more way we can help your home perform and look its best. That's our customers believe that anything that carries the Pella® name is truly world class.

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Too Embarrassed to ask?

The questions you'd really like your gynecologist to answer. By Beth Howard

You grill the teacher about your child's lackluster grades and confront the mechanic about his repair bill. But when it comes to asking your gynecologist a few simple questions, do you chicken out every time? Not to worry. We've done the asking for you. We talked to experts about our most embarrassing personal-health concerns.

1 Sometimes I notice an awful fishy smell after sex. Is that normal?

It's common, but not normal. Women with vaginal infections, such as bacterial vaginosis or trichomoniasis, often report a foul or fishy odor after sex. The odor is there at other times, but it becomes more noticeable when semen mixes with vaginal secretions. Experts agree that a fishy odor, whenever you notice it, almost always indicates a condition that calls for medical treatment.

2 What does it mean when sex hurts?

If sex is uncomfortable, it's important to tell your doctor so he can identify the cause. Painful sex has many sources, including vaginal or pelvic infections, endometriosis, ovarian cysts, vaginal dryness and vaginismus (a painful spasm of the vaginal muscles).

Another possibility is vulvodynia, a poorly understood condition characterized by burning, rawness, stinging or irritation to the vulva and vaginal opening. There are many causes for vulvodynia, including inflammation of the nerves, abnormal vaginal discharge or low estrogen levels. Some possible remedies include certain antidepressants (especially if a nerve disorder is suspected) and biofeedback. For information, call the National Vulvodynia Association at 301-299-0775.



3 I take showers. I take baths. Why can't I seem to feel really clean?

Washing daily with soap and water is usually sufficient, since a healthy vagina has a type of "self-cleaning" mechanism—tiny organisms called lactobacilli are naturally present and actually manufacture a protective disinfectant.

If cleaning daily with soap and water isn't enough, you may harbor an infection. Be alert to these signs: unusual discharge, odor, itching or pain—and tell your physician. Infections often show almost no symptoms, so an odor may be the only indication there is a problem. A regular exam from your gynecologist will not *(continued)*



treating bed-wetting *can* make a difference in your child."

Bed-wetting is more common than many parents think. The fact is, 5 to 7 million children have the condition and many are being treated today.

If you're concerned about your child's bed-wetting, talk to your doctor or healthcare provider. Discuss whatever questions you may have.

And ask your doctor about DDAVP Nasal Spray, because the simple fact is, bed-wetting may be improved or controlled in children 6 years of age and older. Together, you and your doctor or healthcare provider can discuss DDAVP Nasal Spray.

Some side effects reported in patients using DDAVP include nasal stuffiness, runny nose, pain in the nostrils, and headaches. These side effects were reported by fewer than 9% of the patients. If your child experiences any side effects, be sure to call your doctor or healthcare provider. If there is nasal congestion, your child may not absorb the medication. To make sure that blood electrolyte levels remain normal, your doctor may want to check your child periodically

DDAVP Nasal Spray is available by prescription only. Please see the following page for additional important information about DDAVP Nasal Spray.

Today you don't have to wait for your child to outgrow bed-wetting.

YOUR DOCTOR OR HEALTHCARE PROVIDER ABOUT

DDAVP® Nasal Spray
(desmopressin acetate) 5mL
DRY NIGHTS FOR GOOD MORNINGS

DDAVP® Nasal Spray

(desmopressin acetate) 5mL

BRIEF SUMMARY

CONTRAINDICATION: Known hypersensitivity to DDAVP Nasal Spray

WARNINGS:

1. For intranasal use only.

2. In very young and elderly patients in particular, fluid intake should be adjusted downward in order to decrease the potential occurrence of water intoxication and hyponatremia. Particular attention should be paid to the possibility of the rare occurrence of an extreme decrease in plasma osmolality that may result in seizures which could lead to coma.

PRECAUTIONS:

General: DDAVP Nasal Spray at high dosage has infrequently produced a slight elevation of blood pressure, which disappeared with a reduction in dosage. The drug should be used with caution in patients with coronary artery insufficiency and/or hypertensive cardiovascular disease because of possible rise in blood pressure.

DDAVP Nasal Spray should be used with caution in patients with conditions associated with fluid and electrolyte imbalance, such as cystic fibrosis, because these patients are prone to hyponatremia.

Rare severe allergic reactions have been reported with DDAVP. Anaphylaxis has been reported with intravenous administration of DDAVP Injection, but not with DDAVP intranasal.

Central Cranial Diabetes Insipidus: Since DDAVP Nasal Spray is used intranasally, changes in the nasal mucosa such as scarring, edema, or other disease may cause erratic, unreliable absorption in which case DDAVP Nasal Spray should not be used. For such situations, DDAVP Injection should be considered.

Primary Nocturnal Enuresis: If changes in the nasal mucosa have occurred, unreliable absorption may result. DDAVP Nasal Spray should be discontinued until the nasal problems resolve.

Information for Patients: Patients should be informed that the bottle accurately delivers 50 doses of 10 mcg each. Any solution remaining after 50 doses should be discarded since the amount delivered thereafter may be substantially less than 10 mcg of drug. No attempt should be made to transfer remaining solution to another bottle. Patients should be instructed to read accompanying directions on use of the spray pump carefully before use.

Laboratory Tests: Laboratory tests for following the patient with central cranial diabetes insipidus or post-surgical or head trauma-related polyuria and polydipsia include urine volume and osmolality. In some cases plasma osmolality may be required. For the healthy patient with primary nocturnal enuresis, serum electrolytes should be checked at least once if therapy is continued beyond 7 days.

Drug Interactions: Although the pressor activity of DDAVP Nasal Spray is very low compared to the antidiuretic activity, use of large doses of DDAVP Nasal Spray with other pressor agents should only be done with careful patient monitoring.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Teratology studies in rats have shown no abnormalities. No further information is available.

Pregnancy-Category B: Reproduction studies performed in rats and rabbits with doses up to 12.5 times the human intranasal dose (i.e., about 125 times the total adult human dose given systemically) have revealed no evidence of harm to the fetus due to desmopressin acetate. There are several publications of management of diabetes insipidus in pregnant women with no harm to the fetus reported, however, no controlled studies in pregnant women have been carried out. Published reports stress that, as opposed to preparations containing the natural hormones, DDAVP Nasal Spray (desmopressin acetate) in antidiuretic doses has no uterotonic action, but the physician will have to weigh possible therapeutic advantages against possible dangers in each individual case.

Nursing Mothers: There have been no controlled studies in nursing mothers. A single study in a post-partum woman demonstrated a marked change in plasma, but little if any change in assayable DDAVP Nasal Spray in breast milk following an intranasal dose of 10 mcg.

Pediatric Use: Primary Nocturnal Enuresis: DDAVP Nasal Spray has been used in childhood nocturnal enuresis. Short-term (4-8 weeks) DDAVP Nasal Spray administration has been shown to be safe and modestly effective in children aged 6 years or older with severe childhood nocturnal enuresis. Adequately controlled studies with DDAVP Nasal Spray in primary nocturnal enuresis have not been conducted beyond 4-8 weeks. The dose should be individually adjusted to achieve the best results.

Central Cranial Diabetes Insipidus: DDAVP Nasal Spray has been used in children with diabetes insipidus. Use in infants and children will require careful fluid intake restriction to prevent possible hyponatremia and water intoxication. The dose must be individually adjusted to the patient with attention in the very young to the danger of an extreme decrease in plasma osmolality with resulting convulsions. Dose should start at 0.05 mL or less.

Since the spray cannot deliver less than 0.1 mL (10 mcg), smaller doses should be administered using the rhinal tube delivery system. Do not use the nasal spray in pediatric patients requiring less than 0.1 mL (10 mcg) per dose.

There are reports of an occasional change in response with time, usually greater than 6 months. Some patients may show a decreased responsiveness; others a shortened duration of effect. There is no evidence this effect is due to the development of binding antibodies but may be due to a local inactivation of the peptide.

ADVERSE REACTIONS: Infrequently, high dosages have produced transient headache and nausea. Nasal congestion, rhinitis and flushing have also been reported occasionally along with mild abdominal cramps. These symptoms disappeared with reduction in dosage. Nosebleed, sore throat, cough and upper respiratory infections have also been reported.

The following table lists the percent of patients having adverse experiences without regard to relationship to study drug from the pooled pivotal study data for nocturnal enuresis.

ADVERSE REACTION	PLACEBO (N=59) %	DDAVP 20 mcg (N=60) %	DDAVP 40 mcg (N=61) %
BODY AS A WHOLE			
Abdominal Pain	0	2	2
Asthenia	0	0	2
Chills	0	0	2
Headache	0	2	5
Throat Pain	2	0	0
NERVOUS SYSTEM			
Depression	2	0	0
Dizziness	0	0	3
RESPIRATORY SYSTEM			
Epistaxis	2	3	0
Nostril Pain	0	2	0
Respiratory Infection	2	0	0
Rhinitis	2	8	3
CARDIOVASCULAR SYSTEM			
Vasodilation	2	0	0
DIGESTIVE SYSTEM			
Gastrointestinal Disorder	0	2	0
Nausea	0	0	2
SKIN & APPENDAGES			
Leg Rash	2	0	0
Rash	2	0	0
SPECIAL SENSES			
Conjunctivitis	0	2	0
Edema Eyes	0	2	0
Lachrymation Disorder	0	0	2

OVERDOSAGE: See adverse reactions above. In case of overdosage, the dose should be reduced, frequency of administration decreased, or the drug withdrawn according to the severity of the condition. There is no known specific antidote for DDAVP Nasal Spray.

An oral LD_{50} has not been established. An intravenous dose of 2 mg/kg in mice demonstrated no effect.

CAUTION: Federal (U.S.A.) law prohibits dispensing without prescription.

Please see product circular for full prescribing information.

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TOO EMBARRASSED TO ASK?

Continued

necessarily unearth an infection: The Pap smear is signed to screen for cervical cancer, not vaginal inf tions, and during the few minutes of a pelvic exa your doctor may not notice subtle symptoms. Also recent poll found that more than 50 percent of gy cologists surveyed reported that they did not treat most common infection, bacterial vaginosis, unless tients complained of symptoms. Left untreated, va nal infections can lead to complications such as pel inflammatory disease.

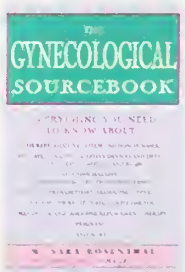
4 The yeast infection cream I bought to st itching doesn't work. Why not?

Not all vaginal infections are yeast infections. A yeast remedies won't help if the problem is bacter These infections must be treated with a prescription tibiotic. Only your doctor can say for sure which pr lem you have and give you the right antibiotic.

The itching could also be caused by dermatitis, an ritation that often results from clothes that are tig which trap your body's heat and the moisture of norr vaginal secretions. Try keeping the area cooler and d by wearing loose-fitting clothes. Avoid self-treating w talcum powder—it's been linked to an increase in r for ovarian cancer.

In some women, irritation is caused by an allergic re tion to feminine-hygiene products such as douches, deod ant sprays, scented panty liners or even scented soap. If suspect a product is to blame for your symptoms, stop us

FOR MORE INFORMATION





These two books would be valuable additions to any home medical library. The Gynecological Sourcebook by M. Sara Rosenthal (462 pp., hardcover) is a guide to your sexual health, from what to look for when choosing a gynecologist to recognizing common problems. It also details the latest advancements in contraceptives. Available through an arrangement with Lowell House for $32.

From The American Medical Women's Association comes The Women's Complete Healthbook (708 pp., hardcover), a comprehensive medical resource guide written by women physicians. It contains more than 200 color illustrations. Available through an arrangement with Bantam, Doubleday Dell Publishing Group, Inc. for $46.95.

Prices include shipping, handling and applicable sales tax.

TO ORDER: Send your name and address along with a check or money order to: *Ladies' Home Journal*® Resource Service, Dept. L0897, P.O. Box 9381, Des Moines, IA 50306-9381. MasterCard and Visa users may call 800-763-6393. Please specify book title.

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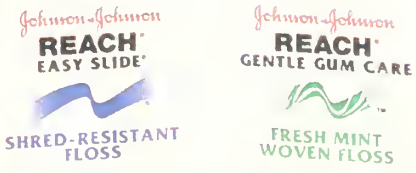
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d see if the problem goes away.

sing a yeast treatment inappro-ely can mask another infection, ng diagnosis more difficult. (So shouldn't use a cream for at least days before your exam; resched-your regular Pap smear if you're ing a yeast infection). Experts the best candidates for nonpre-tion remedies are monogamous ten who have been diagnosed by ctor before, have recurrent yeast tions and are sure they recognize symptoms. If you do self-treat a t infection, make sure the prod-you choose contains one of the wing active ingredients: micona-, tioconazole, butoconazole or imazole. Some products are de-ed to stop the itching, but don't the infection.

Is it safe to use tampons when I'm not menstruating to stop excessive vaginal discharge?

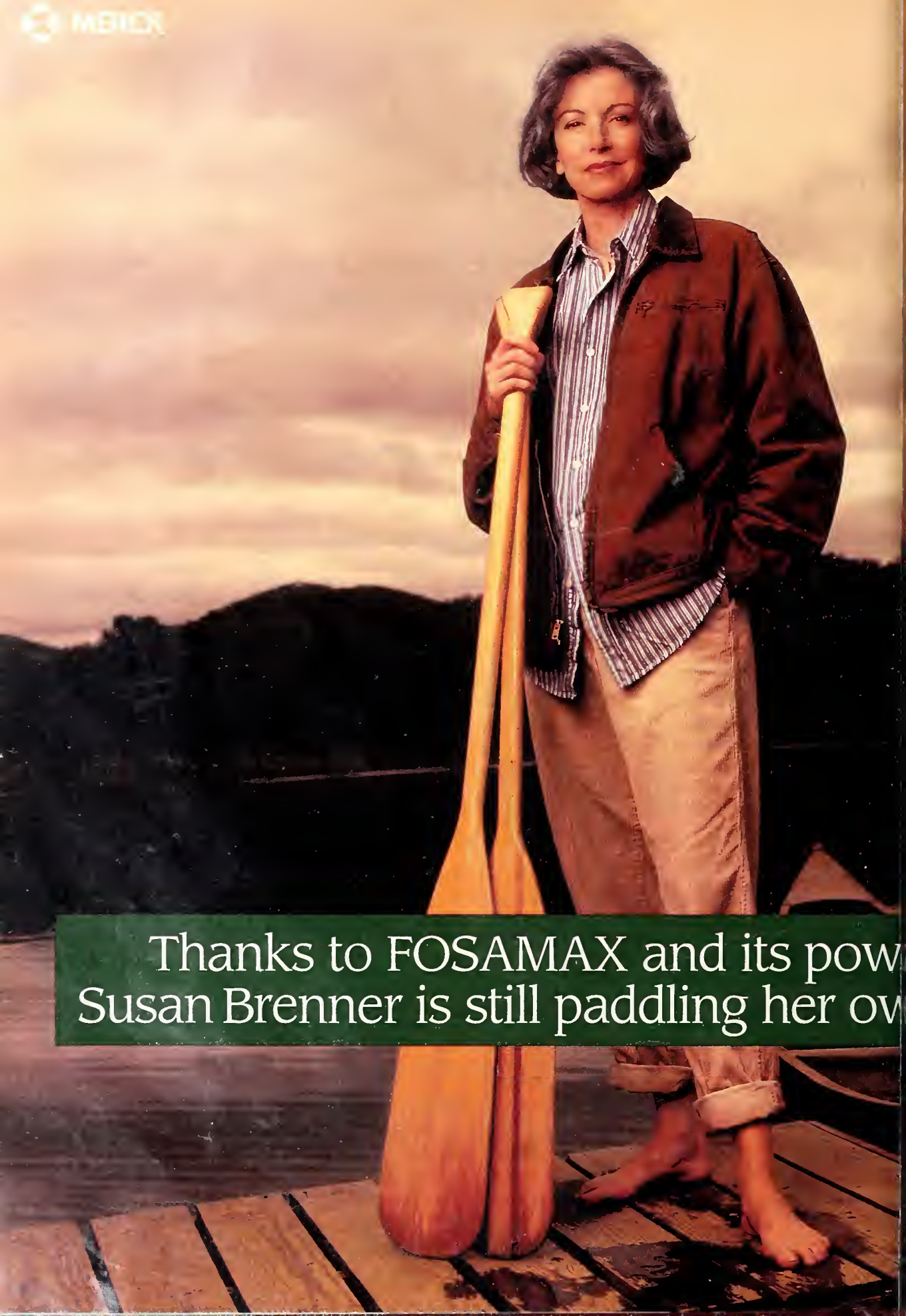
not a good idea to use tampons for normal vaginal secretions. If there's enough moisture to keep a tampon damp, you might have an infection that is causing the secretions. And using a tampon when there is little moisture can dry out the vaginal environment, making it more receptive to infections.

Not all vaginal infections are yeast infections

In 1980, more than eight hundred women came down with toxic shock syndrome (TSS), and thirty-eight died as a result of wearing synthetic super-absorbent tampons that irritated the vaginal walls, promoting the growth of bacteria. This type of tampon is no longer on the market, and menstruation-related TSS is rare—only about one case in 100,000 women each year. But wearing a tampon when you're not menstruating might leave you more vulnerable to TSS.



When menstruating, tampons can be safely worn for up to eight hours, according to the Food and Drug Administration. The best way to lower your risk for TSS is to alternate tampons with *(continued on page 62)*


Thanks to FOSAMAX and its pow
Susan Brenner is still paddling her ov



FOSAMAX is the first non-hormonal treatment for postmenopausal osteoporosis proven to rebuild bone. So bones are less likely to fracture.

After menopause, Susan's doctor cautioned her that most women's bones begin to become thinner and weaker at that time. That can lead to osteoporosis, a problem you can have and not know it.

At first, he explained, the disease is silent. Many women find out they have it after breaking a bone.

And he explained that while the calcium Susan's been taking is important for osteoporosis, *calcium can't totally stop bone loss or rebuild bone after menopause.*

Susan's doctor evaluated her condition and the results of a simple, painless test, and determined that she did have osteoporosis.

So he prescribed FOSAMAX. The breakthrough treatment that's completely non-hormonal and can truly rebuild bone in most women.

See your doctor or other healthcare professional. And if it's determined that you do have osteoporosis, ask if FOSAMAX is right for you.

It should be used with caution if you have certain stomach or digestive problems, and should not be used if you have certain disorders of the esophagus (the tube that connects your mouth with your stomach), are unable to stand or sit upright for at least 30 minutes or have severe kidney disease, low levels of calcium in your blood, are allergic to FOSAMAX or are pregnant or nursing.

Some patients may develop severe digestive reactions including irritation, inflammation, or ulceration of the esophagus (see Patient Information for more details). Like all prescription drugs, FOSAMAX may cause side effects. Side effects usually have been mild. They generally have not caused patients to stop taking FOSAMAX.

But if you're like most women with osteoporosis, you'll find that FOSAMAX is a unique and powerful way to help build back the strength of your bones. And your ability to lead the active life you love.

Ask your doctor and call
1 800 214-7005 for information.

The power
to rebuild bone.

FOSAMAX®
(alendronate sodium tablets)

Please see Patient Information on next page and discuss it with your doctor.

971361(6)(004)-FOS

FOSAMAX® (alendronate sodium tablets)
Patient Information about
FOSAMAX® (FOSS-ah-max) for Osteoporosis
Generic name: alendronate sodium (a-LEN-dro-nate)

Please read this information before you start taking FOSAMAX. Also, read the Patient Information leaflet each time you renew your prescription, just in case anything has changed. Remember, the leaflet does not take the place of careful discussions with your doctor. You and your doctor should discuss FOSAMAX when you start taking your medication and at regular checkups.

How should I take FOSAMAX?

These are the important things you must do to help make sure you will benefit from FOSAMAX.

1. **After getting up for the day, swallow your FOSAMAX tablet with a full glass (6-8 oz.) of plain water only.**
   Not mineral water
   Not coffee or tea
   Not juice
2. **After swallowing your FOSAMAX tablet do not lie down — stay fully upright (sitting or standing) for at least 30 minutes and until after your first food of the day. Do not chew or suck on a tablet of FOSAMAX.** This will help the FOSAMAX tablet reach your stomach quickly and help avoid irritation of your esophagus (the tube that connects your mouth with your stomach).
3. **After swallowing your FOSAMAX tablet, wait at least 30 minutes before taking your first food, beverage, or other medication of the day,** including antacids, calcium supplements and vitamins. FOSAMAX is effective only if taken when your stomach is empty.
4. **Do not take FOSAMAX at bedtime or before getting up for the day.**
5. **If you have difficulty or pain upon swallowing, chest pain, or new or worsening heartburn, stop taking FOSAMAX and call your doctor.**
6. Take FOSAMAX once a day, every day.
7. It is important that you continue taking FOSAMAX for as long as your doctor prescribes it. FOSAMAX can treat your osteoporosis or help you from getting osteoporosis only if you continue to take it.
8. If you miss a dose do not take it later in the day. Continue your usual schedule of 1 tablet once a day the next morning.

What is FOSAMAX?

FOSAMAX is for the treatment or prevention of osteoporosis (thinning of bone) in women after menopause. It reduces the chance of having a hip, wrist or spinal fracture. You will find more information about osteoporosis at the end of the leaflet.

How does FOSAMAX work?

FOSAMAX works by:

- Reducing the activity of the cells that cause bone loss
- Decreasing the faster rate of bone loss that occurs after menopause
- Increasing the amount of bone in most patients

These effects are seen as soon as three months after therapy with FOSAMAX has begun. These effects continue as long as you keep taking FOSAMAX. The density of bone is maintained or increased and the bone is less likely to fracture. Thus, FOSAMAX prevents or reverses the progression of osteoporosis.

Who should not take FOSAMAX?

Patients with:

- Certain disorders of the esophagus (the tube that connects your mouth with your stomach)
- Inability to stand or sit upright for at least 30 minutes
- Low levels of calcium in their blood
- Severe kidney disease
- Allergy to FOSAMAX

Patients who are:

- Pregnant or Nursing

FOSAMAX is for use by women after menopause. If you are pregnant or nursing, you should not be taking FOSAMAX. Talk to your doctor.

What other medical problems should I discuss with my doctor?

Talk to your doctor about any:

- Problems with swallowing
- Stomach or digestive problems
- Other medical problems you have or have had in the past

What are the possible side effects of FOSAMAX?

Some patients may develop severe digestive reactions including irritation, inflammation or ulceration (occasionally with bleeding) of the esophagus (the tube that connects your mouth with your stomach). These reactions can cause chest pain, heartburn or difficulty or pain upon swallowing. This may occur especially if patients do not drink a full glass of water with FOSAMAX® (alendronate sodium tablets) and/or if they lie down in less than 30 minutes and before their first food of the day. Esophageal reactions may worsen if patients continue to take FOSAMAX after developing symptoms suggesting irritation of the esophagus.

Like all prescription drugs, FOSAMAX may cause side effects. Side effects usually have been mild. They generally have not caused patients to stop taking FOSAMAX. Some patients treated with FOSAMAX experienced abdominal (stomach) pain. This is the most commonly reported side effect. Less frequently reported side effects are:

Nausea, heartburn, irritation or pain of the esophagus (the tube that connects your mouth with your stomach), vomiting, difficulty swallowing, a full or bloated feeling in the stomach, constipation, diarrhea and gas.

Rarely stomach or other peptic ulcers (some severe) have occurred.

Bone, muscle or joint pain, headache, or an altered sense of taste were also experienced by some patients. Rarely, a rash has occurred. Allergic reactions such as hives or, rarely, swelling of the face, lips, tongue and/or throat which may cause difficulty in breathing or swallowing have also been reported. Mouth ulcers have occurred when the tablet was chewed or dissolved in the mouth.

Anytime you have a medical problem you think may be related to FOSAMAX, talk to your doctor.

What should I know about osteoporosis?

Normally your bones are being rebuilt all the time. First, old bone is removed (resorbed). Then a similar amount of new bone is formed. This balanced process keeps your skeleton healthy and strong.

Osteoporosis is a thinning and weakening of the bones. It is common in women after menopause. Menopause happens when the ovaries stop producing the female hormone, estrogen, or are removed (which may occur, for example, at the time of a hysterectomy). After menopause, bone is removed faster than it is formed, so bone loss occurs and bones become weaker. Therefore, maintaining bone mass is important to keep your bones healthy.

At the start osteoporosis usually has no symptoms, but it can result in fractures (broken bones). Fractures usually cause pain. Fractures of the bones of the spine may not be painful, but over time they cause height loss. Eventually the spine becomes curved and the body becomes bent over. Fractures may happen during normal, everyday activity, such as lifting, or from minor injury that would normally not cause bone to break. Fractures most often occur at the hip, spine, or wrist. This can lead to pain, severe disability, or loss of mobility.

How can osteoporosis in postmenopausal women be treated or prevented?

- **Medication.** Your doctor has prescribed FOSAMAX. FOSAMAX acts specifically on your bones. FOSAMAX is not a hormone and does not have the benefits and risks of estrogen (hormone replacement therapy) elsewhere in your body. Either FOSAMAX or estrogen may be used to treat or prevent osteoporosis. You may want to talk to your doctor about these options.
- **Lifestyle changes.** In addition to FOSAMAX, your doctor may recommend one or more of the following lifestyle changes:
  - **Stop smoking.** Smoking appears to increase the risk of osteoporosis.
  - **Reduce the use of alcohol.** Too much alcohol appears to increase the risk of osteoporosis and injuries that may cause fractures.
  - **Exercise regularly.** Like muscles, bones need exercise to stay strong and healthy. Exercise must be safe to prevent injuries including fractures. You should consult your doctor before you begin any exercise program.
  - **Eat a balanced diet.** Adequate dietary calcium is important to patients with osteoporosis. Your doctor can advise you whether you need to change your diet or take any dietary supplements such as calcium or vitamin D.

This medication is prescribed for a particular condition. Do not use it for another condition or give the drug to others. Keep FOSAMAX and all medicines out of the reach of children. If you suspect that more than the prescribed dose of this medicine has been taken, drink a full glass of milk and contact your local poison control center or emergency room immediately. Do not induce vomiting. Do not lie down.

This leaflet provides a summary of information about FOSAMAX. If you have any questions or concerns about either FOSAMAX or osteoporosis, talk to your doctor. In addition, talk to your pharmacist or other healthcare provider.

MERCK & CO., INC.
Issued April 1997
West Point, PA 19486, USA

MERCK

FOSAMAX®
(alendronate sodium tablets)

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TOO EMBARRASSED TO ASK?

Continued from page 59

pads. Doctors also suggest us only regular-absorbency tampons a changing them frequently. If y must wear only tampons, be alert the symptoms of TSS: a high fe (above 104°F.), nausea, a red ra diarrhea, rapidly falling blood pr sure and muscle aches.

6 I seem to keep getting bla der infections. Could diaphragm be to blame?

Yes. In a recent study from the U versity of Washington at Seat women who used a diaphragm w a spermicide were more likely to velop urinary tract infections (UT than those who used other forms birth control—but the culprit is spermicide, not the diaphragm its Researchers said the spermicide ters the vaginal environment, wh probably allows the infection-caus bacteria to flourish. Since d phragms must be used with a sp micide, women with UTI proble might want to consider a differ type of contraception.

UTIs are very often associated v sexual intercourse, but love doe have to hurt, says Tamara Bavend M.D., a urologist at Allegheny U versity, in Philadelphia. Try the lowing prevention strategies:

- Clean yourself from front to b before and after sex to keep the g tal area clear of harmful bacteria.
- Urinate within thirty minutes a sex to prevent bacteria from adhe to bladder walls.
- Drink plenty of fluids and urin frequently to keep the bladder flush

If you do get a UTI and sy toms return after treatment, it co be that you never completely er cated the bacteria. Always fin your entire course of antibiotics you stop as soon as you feel bet the strongest bacteria may surv and the infection could return v a vengeance.

A new home test for UTIs help you determine if your drug r men worked. It tests for the prese of nitrite, a sign you might hav

Called UTI, the kit is available
ny drugstores for about $7 (six
ncluded).
also possible you have interstitial
s, which is caused by damage
e bladder walls. If antibiotics
help, or if you have UTI symp-
but your doctor finds no infec-
interstitial cystitis may be the
:m instead.

I do a breast self-exam. Now my doctor said to do a monthly genitals exam. But 't know why or how.

and more doctors are recog-
; the value of the vulvar self-
, says R. Allen Lawhead,
, director of gynecologic on-
y at the Georgia Cancer Spe-
ts, in Atlanta. Women who
irly perform it (once a month
al) can spot skin disorders as
as vulvar cancer, a rare but
y disease.
re's how to do it: Sit down
soft surface such as a bed,
or carpet in a well-lit area.
a mirror in one hand and use
ther to expose the tissue of
ulva (the external genitals).
for any change or new
h, including new moles, warts
her bumps; changes in skin
(especially white, red or
ned areas); sores and ulcers
ss they were caused by an in-
and areas that are inflamed,
ted or itching. Report any
ges to your gynecologist.

Why do I sometimes wet myself when I sneeze?

This is a symptom of stress in-
nence, which results from a
:ning of the muscles around the
:a. Sneezing, coughing, exercis-
ıd even laughing can cause the
er to leak urine.
ess incontinence can be caused
e strain of a vaginal childbirth.
ing, obesity and chronic consti-
: can increase your risk.
ckily, up to 70 percent of pa-
who suffer from mild to mod-
stress incontinence can benefit
the following steps.

GUARD YOUR FAMILY AGAINST POISON IVY.



It's here. New IvyBlock. The "Before You Get Poison Ivy" Lotion.
Use it before exposure like sunscreen. It dries quickly and guards you against poison ivy, poison oak and sumac for hours.
So before camping, before golf, before hiking, before you get poison ivy, get New IvyBlock.
Use as directed

Helps Protect Against Poison Ivy, Poison Oak, and Poison Sumac Rash

Ivy Block LOTION
EnviroDerm

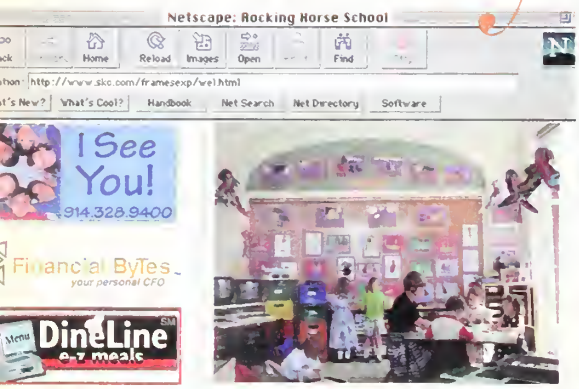
THE "BEFORE YOU GET POISON IVY" LOTION.

© 1997 EnviroDerm

- Avoid drinking too much or too little. Overhydration keeps your bladder too full, but dehydration is also a problem because it concentrates your urine, which irritates the bladder. Drink enough so your urine stays light yellow.
- Avoid beverages that irritate the bladder, such as alcohol and caffeinated drinks.
- Retrain your bladder by urinating on a schedule, then slowly lengthening the intervals to encourage your bladder to hold more urine.
- Perform Kegels. These simple clench-and-release exercises strengthen the pelvic floor muscles (try to stop the flow of urine—those are the muscles). To increase their strength: 1) Contract the muscles as hard as you can; hold for six seconds, then release for ten to fifteen seconds. Repeat. 2) Try "flicking" the muscles quickly. Do twenty of each exercise, three times a day.
- To train the pelvic floor muscles even more, look for tampon-shaped vaginal cones, available without a prescription at drug stores. These cones decrease in size, and each requires you to exert a firmer muscle contraction to keep it in place.
- Consider a diaphragm. When positioned as it would be for contraception, a diaphragm (without spermicide) helps by supporting the bladder. It can be left in place all day, but should be removed at night to allow the tissues to breathe.
- Ask your doctor about getting fitted for a diaphragm-like product called a pessary, which is designed specifically for preventing urine leakage; it has no contraceptive effect.
- Ask your doctor about estrogen therapy and the Reliance insert, a newly approved product with a tiny balloon at the tip that is placed in the urethra to block urine leakage. ●

Beth Howard is a freelance writer in New York City who specializes in health topics. Her book on sexual wellness will be published in 1998.

www.daycare



Thanks to two new on-line monitoring services, parents will be able to peek in on their kids at day care simply by surfing the net. The Simplex Knowledge Company and ParentNet are both testing camera systems that send video images from day-care centers to a Web site. When parents log on, they will be able to watch their little ones going about their day—napping, playing and snacking. (To avert trespassers, all authorized users will be assigned security passwords that are necessary to access the site.) And, since the hardware will be affordable to the day-care facility, parents will pay little, if anything, to offset expenses. So far the services—which are already in place in Texas, Connecticut and Georgia—have been hits; over half the moms and dads at participating day-care centers have enrolled. Perhaps not surprisingly, employers say access to the sites hasn't negatively affected the parents' job productivity. Rather, a couple of visits a day give them peace of mind, so they can focus on their work. —Aimee Kendall

The Stepparent TRAP?

Just because you're all grown up with a family of your own doesn't make it any easier to accept a new stepparent should your mother or father remarry. According to Claire Berman, former president of the Stepfamily Association of America, working out the dynamics of this kind of relationship can be a real challenge, especially if the new marriage has followed a divorce. For instance, even though this person is now your parent's partner, resentment can build if he or she tries to "parent" you, as sometimes happens. If so, "You should express your feelings privately," says Berman, "making it clear that you expect to relate as equals." At the same time, don't assume that your stepparent will be happy to baby-sit your children or treat them just like his or her own grandkids. —Andrea Warren

Teaching Kids Common Cents

By the time your child graduates high school, she should be able to use a credit card responsibly and know the basics of saving and investing. But don't expect to teach her all this in one crash course. Start laying the groundwork early, and explain the value of money little by little.* —Heather Moors Johnson

Ages 2-5	Ages 6-11	Ages 12-16
Practice identifying different coins with your child to teach her their value. When she understands that she can get things she wants in exchange for money, start her on an allowance—the weekly dollar amount should equal her age—and help her decide how to spend and save it.	Help your child figure out the amount of change he should get back from purchases, and teach him to always count his change before leaving a store. In later years, explain what a budget is, and help him set up his own savings account to show him the rewards of interest.	Make sure your child understands the concept of comparison shopping, and as she gets older, put her in charge of budgeting the expense money you give her (for class trips, movies, clothing, etc.) Require her to deposit some in her bank account, and to invest a bit in stocks or mutual funds.



GAIN TIME EACH DAY

If you're like most people, you'd give anything for an extra hour to relax with your family. These easy time-savers can make a real difference:

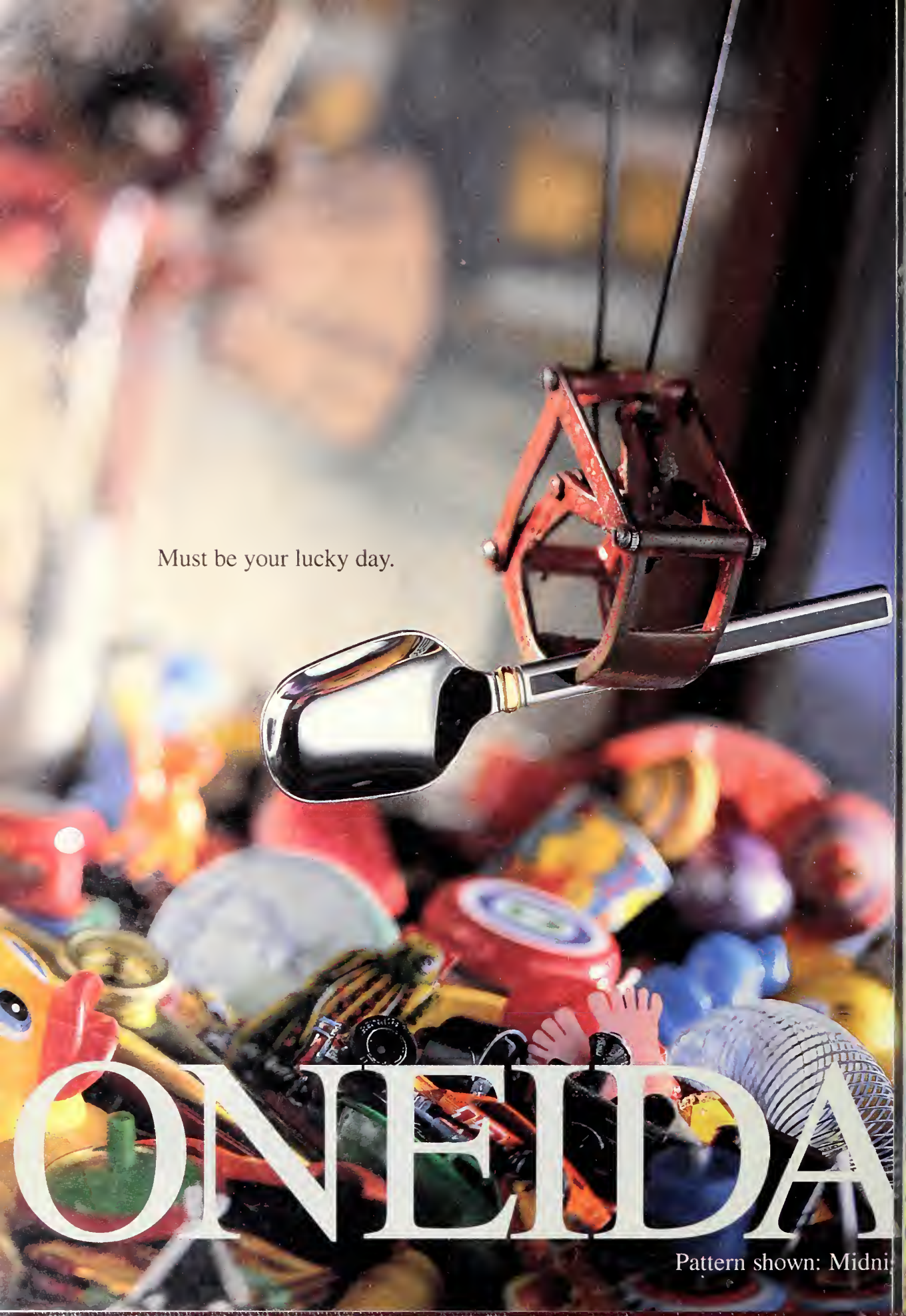
- *Watch one less TV show a night:* Rather than waste an hour in front of the tube watching reruns, use the time to take a walk with your husband, play a board game with your kids or soak in a bubble bath.
- *Cut time waiting in line:* Do your banking electronically; food-shop after dinner when stores are least busy; buy a pass and sail through backed-up toll plazas.
- *Become the queen of double-doing:* Combine exercise with commuting, if you can, by biking or walking to work; do household paperwork while your husband does the driving. —A.W.

Cool Whip® is the international language
for yummy. Add it to a Jell-O™ Pudding Snack.
So easy. Just dollop and dig in.

Crème de la pudding cup.



raft Foods, Inc


Must be your lucky day.
ONEIDA
Pattern shown: Midni

all about MEN

Why we love







Okay, we admit it: We really *can't* live without **men**—nor would we want to. There are a million little reasons why. Think about the time your husband brought you **flowers**—and it wasn't even your birthday. Or the summer he spent hours patiently coaching your daughter's softball team. Or the moment when, in the middle of a big blowup, he **made you laugh**—and suddenly you forgot just what it was you were mad about in the first place. Now isn't that just like a man?

So this month, the *Journal* devotes a special section to **celebrating the men** in our lives. From an interview with one of the most popular (not to mention irresistible) guys in the world, **Mel Gibson**, to an intimate look at men's deepest emotions, greatest fears and secret desires, we'll tell you all you ever wanted to know about the opposite sex—and **shed some light** on the sometimes-complicated, always-interesting relationship between women and men.











Mel lights my fire

My Date With Mel Gibson

Okay, so it wasn't a *date* date, but it sure was fun!

By Melina Gerosa





Mel Gibson is *okay*, but I've always been more of an Andy Garcia girl myself. Still, I've got a job to do, so when Gibson accepts my offer to be interviewed over a cigar, my occasional guilty pleasure, I buy a brand-new outfit and book a flight to Los Angeles.

I arrive, however, only to learn that Gibson has just quit smoking. Well, good for Mr. Suddenly Healthy, but what about my interview? A few frantic phone calls later, Gibson decides to stick with the plan—he just won't smoke. So I slip on the suit, blow-dry my curly hair into silky smoothness and set off for The Grand Havana Room, the city's most exclusive cigar bar.

Fifteen minutes early, I survey the scene—an art deco room filled with tanned, important-looking men, all double-fisting cigars and telephones.

Suddenly, who comes strolling in but Gibson! I know what I said earlier about Andy, but *holy smokes*! His eyes are like swimming pools! Crystal clear, and so nicely set off by his . . . tight black jeans! Without a moment's hesitation, I dive in off the high board.

Now, I've interviewed hundreds of celebrities, so why is my heart beating so fast, and what, exactly, am I supposed to do next? Tap his gorgeous shoulder and introduce myself? I pick up the phone on the coffee table and call my friend Suzanne at MGM. "You're the girl; he's the boy. Let *him* come to *you*," she advises. I've read *The Rules* too, so I do wait for his cue. Finally, introductions are made, and Mel and I get down to business.

"You are now entering the inner sanctum," says Gibson, leading the way into the enormous, glass-enclosed humidor. The wall is lined with wooden lockers, each with a brass nameplate, and I can't help but notice that Gibson's locker is to the left of Arnold Schwarzenegger's, and up from Tony Danza's. "Aren't these lovely for a rainy day?" he says, pulling out box after box of cigars and taking in each aroma.

Gibson is waxing rhapsodic when I suddenly notice steam blasting out from a ceiling vent. I panic. "We've got to get out of here!" I said, yanking his sleeve. He squints in confusion. "I've got curly hair," I admit. "I straightened it just for you."

"Let's go, Shirley Temple," he teases, walking me over to the snippers. I've chosen a pre-Castro Dunhill double corona, which Gibson says is older than I am (thirty-two) but younger than he is (forty-one). Since Cuban cigars are the best but cannot be imported legally, this is quite a luxury. *(continued on page 74)*

Recipe for relaxation:

1. Plug in your blender.
2. Add 2 cups milk, 1 cup softened ice cream, and
up ***General Foods International Coffees****. Cover and blend.*
3. Unplug yourself.

Makes two (12-ounce) servings.



Summer Mocha Shakes from
GENERAL FOODS INTERNATIONAL COFFEES.®

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The Hamilton Collection. . .



PINE LEAF

Inspired by the Art of David Wright

The fascinating story of "Pine Leaf" i recounted in the autobiography of her hus band, mountain man, James P. Beckworth Seeking justice for her beloved twin broth er's death, she became one of the mos revered warriors of the Crow tribe.

Now, in tribute to this fearless warrior The Hamilton Collection is proud to pre sent an exquisite collector doll inspire by artist David Wright's original paint ing. Beautifully crafted of fine, hand painted bisque porcelain, "Pine Leaf" i outfitted in the traditional attire worn b Crow women—an "elk" robe, fringed suede dress and beaded jewelry. He superbly chiseled features and piercin eyes are framed by long, dark hair. A feared and respected warrior, "Pin Leaf" holds a tribal shield and carrie her bow and quiver.

Hand-numbered and accompanied b a same-numbered Certificate o Authenticity, "Pine Leaf" is availabl for only $135. Our 30 Day *100% Satisfaction Guarantee* assures you orde without risk. Make this famous Crow heroine a part of your collection Submit your order today!

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- Head, arms and legs crafted of fine, handpainted bisque porcelain
- Hand-numbered and accompanied by a same-numbered Certificate of Authenticity
- Authentic, hand-tailored tribal costume include shield and quiver of arrows

Shown smaller than actual size of approximately 16⅝" tall

Better Quality...Better Value!

Slip'n a Slide'n

The Hamilton Collection

Only $14.95



Shown larger than actual size of 2½" in height

frozen Arctic may not be everyone's favorite play-d, but for this lovable polar bear cub, it's the best on earth!

Hamilton Collection proudly presents, "Slip'n a Slide'n" by master sculptor, Michael Adams. ured in a playful pose on a sparkling ice drift, his eyes shining with excitement, this polar bear cub is arably" delightful. Each and every detail, from his winter coat to his "ice slide," is lovingly crafted.

iculously sculpted in hand-painted cold cast resin, "Slip'n and a Slide'n" is the premiere issue in the new *Polar Playmates* Sculpture Collection. Available exclusively from The Hamilton Collection, your sculpture will be accompanied by a Certificate of Authenticity.

As an owner, you will have the opportunity, never the obligation, to preview other beloved polar babies discovering their snow-bound kingdom. Of course, our 30 Day *100% Satisfaction Guarantee* assures you order without risk. Don't let this heartwarming opportunity "slip away!" Reply today!

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The Hamilton Collection, 4810 Executive Park Ct., P.O. Box 44051, Jacksonville, FL 32231-4051



Mel has a biting sense of humor



(continued from page 68)

As he slices off the tip, he starts to make noises like a baby yowling, followed by a blur of Yiddish. I realize he is circumcising the cigar, and I try not to let him see that his boyish humor is working on me.

Cigar snipped and lit, I compliment him on his bravery—being interviewed in a cigar club, just five days after going cold turkey on his daily habit of a cigar and a pack and a half of cigarettes. "I would never do an interview in a bakery if I were on a diet," I say.

"You could have someone *else* eat the doughnuts. There is a certain degree of vicarious satisfaction in watching *you* smoke the cigar," he says, seeming genuinely impressed with my smoke rings. "I like it."

I like *him* liking it so much that the reality of his Australian wife of seventeen years, Robyn, and their six children is starting to depress me. So I change the subject and ask him about his new movie, *Conspiracy Theory*. In the *Lethal Weapon*–type thriller, Gibson plays a paranoid cab driver who helps Julia Roberts, as a Justice Department attorney, get to the bottom of a sinister cover-up.

"If I had to choose between a woman and a cigar, I'd take the woman," says Mel

Sparks fly between their characters in the movie, but it was all shenanigans on the set. Gibson started them off by sending Roberts a freeze-dried rat in a beautifully wrapped box. Why did he wrap a rat? "I couldn't give it to her naked," he jokes, jabbing away at his second cappuccino with a spoon. By all accounts, the prank did not come off as expected. "She can really yell," he says. "Security came running."

The way Gibson tells it, he was honestly surprised by Roberts's reaction. "I thought the rat was fascinating," says Gibson, who bought several from a New York oddity shop and gave the others to his kids. "But she thought it was disgusting."

Roberts retaliated about a week later by breaking into Gibson's trailer armed with a roll of plastic wrap. "She put it on the john," he says. "It was like a trampoline."

Gibson maintains that Roberts should have been prepared from the get-go. When the director, producer and Gibson were trying to get her to take the role, they arranged a meeting in a New York hotel suite.

When Roberts finally said yes, a door to an adjoining room swung open, and a marching band stomped in. "It started playing one of those John Philip Sousa songs. She was surprised, all right," says Gibson.

Enough about her. I want to know the correct time to tap my ash. "Anytime you want," he says, looking longingly at my cigar. "You know, you should inhale that."

Right as he says this, the matchstick he is chewing on disappears momentarily, and he chokes for a minute. "Serves you right for giving me that advice," I tell him.

"I'm sorry, but it's very difficult to focus," he says, suddenly jumping up and grabbing my notebook. "It takes ten days to get over the physiological addiction. My brain is shooting all over the room. Why don't you call me in five days? I'm sure I'll make a lot more sense."

I didn't have to. As it happens, Gibson was going to be in New York City. So when he suggests that we do the follow-up interview in person, *ahem*, I am certainly not going to disagree. But when I finally meet up with him at the end of his stay to ride in his limo to the airport, he lights up a cigarette! "I caved, what can I tell ya?" he says sheepishly. "It just wasn't my time. Fate has another plan for me, maybe tumors. I *am* gonna quit, though."

So, giving up the cigs has been a greater (continued on page 82)

If the Mediterranean can awaken e senses and nourish the spirit, just imagine what it can do for your pasta.



FREQUENT HEARTBURN SUFFERERS:

If your heartburn medicine works so well, why do you keep getting heartburn?



ASTRA MERCK

ASK YOUR DOCTOR ABOUT PRILOSEC

Just one capsule of PRILOSEC daily can provide 24-hour acid control.

If you still suffer from heartburn two or more times a week, you probably don't have ordinary heartburn.

You may have a potentially serious condition called acid reflux disease (also known as gastroesophageal reflux disease, or GERD). Today doctors can help by prescribing PRILOSEC. It is highly effective in controlling acid production for 24 hours—even after meals, and all night, too—with just one capsule a day.

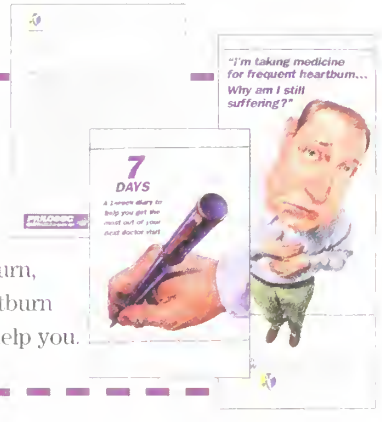
Frequently prescribed by gastrointestinal specialists.

Many GERD sufferers have experienced the 24-hour acid control and relief PRILOSEC can offer.

Available only by prescription. Ask your doctor if PRILOSEC is right for you.

PRILOSEC is generally well tolerated, but it is not for everybody. The most common side effects are headache (6.9%), diarrhea (3.0%), and abdominal pain (2.4%).

Please read important information on the following page and discuss it with your doctor.



FREE INFORMATION KIT

1-800-334-9997

You will receive FREE: a brochure about frequent heartburn, acid reflux disease, and PRILOSEC; plus, a personal heartburn diary, and a symptom questionnaire to help your doctor help you.



JUST ONE CAPSULE DAILY FOR 24-HOUR ACID CONTROL

PRILOSEC®* **®***

(OMEPRAZOLE) 20 MG ONCE DAILY

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Please read this summary carefully, and then ask your doctor about PRILOSEC. No advertisement can provide all the information needed to prescribe a drug. This advertisement does not take the place of careful discussions with your doctor. *Only your doctor* has the training to weigh the risks and benefits of a prescription drug for you.

PRILOSEC®* *(OMEPRAZOLE) Delayed-Release Capsules*

BRIEF SUMMARY

CLINICAL PHARMACOLOGY ***Pharmacokinetics and Metabolism:*** **Omeprazole –** In pharmacokinetic studies of single 20 mg omeprazole doses, an increased AUC of approximately four-fold was noted in Asian subjects compared to Caucasians. Dose adjustment of the oral dose for maintenance of healing of erosive esophagitis is indicated, for the hepatically impaired and Asian people is should be considered.

INDICATIONS AND USAGE ***Duodenal Ulcer:*** PRILOSEC is indicated for short-term treatment of active duodenal ulcer. Most patients heal within 4 weeks. Some patients may require an additional 4 weeks of therapy. PRILOSEC, in combination with clarithromycin, is also indicated for treatment of patients with *H. pylori* infection and active duodenal ulcer or eradication of *H. pylori*. Eradication of *H. pylori* has been shown to reduce the risk of duodenal ulcer recurrence. In patients with treatment failure, susceptibility testing should be done. If resistance to clarithromycin is demonstrated or susceptibility testing is not possible, alternative antimicrobial therapy should be instituted. (See the clarithromycin package insert, MICROBIOLOGY section.) ***Gastric Ulcer:*** PRILOSEC is indicated for short-term treatment (4-8 weeks) of active benign gastric ulcer. ***Treatment of Gastroesophageal Reflux Disease (GERD):*** **Symptomatic GERD –** PRILOSEC is indicated for the treatment of heartburn and other symptoms associated with GERD. **Erosive Esophagitis –** PRILOSEC is indicated for the short-term treatment (4-8 weeks) of erosive esophagitis which has been diagnosed by endoscopy. The efficacy of PRILOSEC used for longer than 8 weeks in these patients has not been established. In the management of a patient not responding to 8 weeks of treatment, it may be helpful to give up to an additional 4 weeks of treatment. If there is recurrence of erosive esophagitis or GERD symptoms (e.g. heartburn), additional 4-8 week courses of omeprazole may be considered. ***Maintenance of Healing of Erosive Esophagitis:*** PRILOSEC is indicated for maintenance of healing of erosive esophagitis. Controlled studies do not extend beyond 12 months. ***Pathological Hypersecretory Conditions:*** PRILOSEC is indicated for the long-term treatment of pathological hypersecretory conditions (e.g. Zollinger-Ellison syndrome, multiple endocrine adenomas and systemic mastocytosis).

CONTRAINDICATIONS ***Omeprazole:*** PRILOSEC Delayed-Release Capsules are contraindicated in patients with known hypersensitivity to any component of the formulation. ***Clarithromycin:*** Clarithromycin is contraindicated in patients with a known hypersensitivity to any macrolide antibiotic. Concomitant administration of clarithromycin with cisapride, pimozide, or terfenadine is contraindicated. There have been post-marketing reports of drug interactions when clarithromycin and/or erythromycin are co-administered with cisapride, pimozide, or terfenadine resulting in cardiac arrhythmias, QT prolongation, ventricular tachycardia, ventricular fibrillation, and torsades de pointes) most likely due to inhibition of hepatic metabolism of these drugs by erythromycin and clarithromycin. Fatalities have been reported. (Please refer to full prescribing information for clarithromycin before prescribing.)

WARNING: ***Clarithromycin:*** **CLARITHROMYCIN SHOULD NOT BE USED IN PREGNANT WOMEN EXCEPT IN CLINICAL CIRCUMSTANCES WHERE NO ALTERNATIVE THERAPY IS APPROPRIATE. IF PREGNANCY OCCURS WHILE TAKING CLARITHROMYCIN, THE PATIENT SHOULD BE APPRISED OF THE POTENTIAL HAZARD TO THE FETUS. (See WARNINGS in prescribing information for clarithromycin.)**

PRECAUTIONS ***General:*** Symptomatic response to therapy with omeprazole does not preclude the presence of gastric malignancy. Atrophic gastritis has been noted occasionally in gastric corpus biopsies from patients treated long-term with omeprazole. ***Information for Patients:*** PRILOSEC Delayed-Release Capsules should be taken before eating. Patients should be cautioned that the PRILOSEC Delayed-Release Capsule should not be opened, chewed or crushed, and should be swallowed whole. ***Drug Interactions:*** **Other –** Omeprazole can prolong the elimination of diazepam, warfarin and phenytoin (drugs that are metabolized by oxidation in the liver). Although in normal subjects no interaction with theophylline or propranolol was found, there have been clinical reports of interaction with other drugs metabolized via the cytochrome P-450 system (e.g., cyclosporine, disulfiram, benzodiazepines). Patients should be monitored to determine if it is necessary to adjust the dosage of these drugs when taken concomitantly with PRILOSEC. Because of its profound and long lasting inhibition of gastric acid secretion, it is theoretically possible that omeprazole may interfere with absorption of drugs where gastric pH is an important determinant of their bioavailability (e.g., ketoconazole, ampicillin esters, and iron salts). In the clinical trials, antacids were used concomitantly with the administration of PRILOSEC. **Combination Therapy with Clarithromycin –** Co-administration of omeprazole and clarithromycin may result in increases in plasma levels of omeprazole, clarithromycin, and 14-hydroxy-clarithromycin. (See CLINICAL PHARMACOLOGY, *Pharmacokinetics, Combination Therapy with Clarithromycin* in full Prescribing Information.) Concomitant administration of clarithromycin with cisapride, pimozide, or terfenadine is contraindicated. There have been reports of an interaction between erythromycin and astemizole resulting in QT prolongation and torsades de pointes. Concomitant administration of erythromycin and astemizole is contraindicated. Because clarithromycin is also metabolized by cytochrome P450, concomitant administration of clarithromycin with astemizole is not recommended. (See also CONTRAINDICATIONS, *Clarithromycin*, above. Please refer to full prescribing information for clarithromycin before prescribing.) ***Carcinogenesis, Mutagenesis, Impairment of Fertility:*** In two 24-month carcinogenicity studies in rats, omeprazole at daily doses of 1.7, 3.4, 13.8, 44.0 and 140.8 mg/kg/day (approximately 4 to 352 times the human dose, based on a patient weight of 50 kg and a human dose of 20 mg) produced gastric ECL cell carcinoids in a dose-related manner in both male and female rats, the incidence of this effect was markedly higher in female rats, which had higher blood levels of omeprazole. Gastric carcinoids seldom occur in the untreated rat. In addition, ECL cell hyperplasia was present in all treated groups of both sexes. In one of these studies, female rats were treated with 13.8 mg/kg/day omeprazole (approximately 35 times the human dose) for 1 year, then followed for an additional year without the drug. No carcinoids were seen in these rats. An increased incidence of treatment-related ECL cell hyperplasia was observed at the end of 1 year (94% treated vs 10% controls). By the second year the difference between treated and control rats was much smaller (46% vs 26%), but still showed more hyperplasia in the treated group. An unusual primary malignant tumor in the stomach was seen in one rat (2%). No similar tumor was seen in male or female rats treated for 2 years. For this strain of rat no similar tumor has been noted historically, but a finding involving only one tumor is difficult to interpret. A 78-week mouse carcinogenicity study of omeprazole did not show increased tumor occurrence, but the study was not conclusive. Omeprazole was not mutagenic in an *in vitro* Ames *Salmonella typhimurium* assay, an *in vitro* mouse lymphoma cell assay and an *in vivo* rat liver DNA damage assay. A mouse micronucleus test at 625 and 6250 times the human dose gave a borderline result, as did an *in vivo* bone marrow chromosome aberration test. A second mouse micronucleus study at 2000 times the human dose, but with different (suboptimal) sampling times, was negative. ***Pregnancy:*** **Omeprazole: Pregnancy Category C –** In rabbits, omeprazole in a dose range of 6.9 to 69.1 mg/kg/day (approximately 17 to 172 times the human dose) produced dose-related increases in embryo-lethality, fetal resorptions and pregnancy disruptions. In rats, dose-related embryo/fetal toxicity and postnatal developmental toxicity were observed in offspring resulting from parents treated with omeprazole 13.8 to 138.0 mg/kg/day (approximately 35 to 345 times the human dose). There are no adequate or well-controlled studies in pregnant women. Sporadic reports have been received of congenital abnormalities occurring in infants born to women who have received omeprazole during pregnancy. Omeprazole should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. **Clarithromycin: Pregnancy Category C –** See WARNING (above) and full prescribing information for clarithromycin before using in pregnant women. ***Nursing Mothers:*** It is not known whether omeprazole is excreted in human milk. In rats, omeprazole administration during late gestation and lactation at doses of 13.8 to 138 mg/kg/day (35 to 345 times the human dose) resulted in decreased weight gain in pups. Because many drugs are excreted in human milk, because of the potential for serious adverse reactions in nursing infants from omeprazole, and because of the potential for tumorigenicity shown for omeprazole in rat carcinogenicity studies, a decision should be made whether to discontinue nursing or discontinue the drug, taking into account the importance of the drug to the mother. ***Pediatric Use:*** Safety and effectiveness in children have not been established.

ADVERSE REACTIONS: In the U.S. clinical trial population of 465 patients (including duodenal ulcer, Zollinger-Ellison syndrome and resistant ulcer patients), the following adverse experiences were reported to occur in 1% or more of patients on therapy with PRILOSEC. Numbers in parentheses indicate percentages of the adverse experiences considered by investigators as possibly, probably, or definitely related to the drug.

	Omeprazole (n=465)	Placebo (n=64)	Ranitidine (n=
Headache	6.9 (2.4)	6.3	7.7 (2.6
Diarrhea	3.0 (1.9)	3.1 (1.6)	2.1 (0.5
Abdominal Pain	2.4 (0.4)	3.1	2.1
Nausea	2.2 (0.9)	3.1	4.1 (0.5
URI	1.9	1.6	2.6
Dizziness	1.5 (0.6)	0.0	2.6 (1.0
Vomiting	1.5 (0.4)	4.7	1.5 (0.5
Rash	1.5 (1.1)	0.0	0.0
Constipation	1.1 (0.9)	0.0	0.0
Cough	1.1	0.0	1.5
Asthenia	1.1 (0.2)	1.6 (1.6)	1.5 (1.0
Back Pain	1.1	0.0	0.5

The following adverse reactions which occurred in 1% or more of omeprazole-treated patients have been re international double-blind, and open-label, clinical trials in which 2,631 patients and subjects received omepra

Incidence of Adverse Experiences ≥ 1% Causal Relationship not Assessed

		Omeprazole (n=2631)	Placebo (n
Body as a Whole, site unspecified	Abdominal pain	5.2	3.3
	Asthenia	1.3	0.8
Digestive System	Constipation	1.5	0.8
	Diarrhea	3.7	2.5
	Flatulence	2.7	5.8
	Nausea	4.0	6.7
	Vomiting	3.2	10.0
	Acid regurgitation	1.9	3.3
Nervous System/Psychiatric	Headache	2.9	2.5

Additional adverse experiences occurring in <1% of patients or subjects in domestic and/or international occurring since the drug was marketed, are shown below within each body system. In many instances, the re to PRILOSEC® (omeprazole) was unclear. *Body As a Whole:* Fever, pain, fatigue, malaise, abdominal *Cardiovascular:* Chest pain or angina, tachycardia, bradycardia, palpitation, elevated blood pressure, peripher *Gastrointestinal:* Pancreatitis (some fatal), anorexia, irritable colon, flatulence, fecal discoloration, esophageal ca mucosal atrophy of the tongue, dry mouth. During treatment with omeprazole, gastric fundic gland polyps h noted rarely. These polyps are benign and appear to be reversible when treatment is discontinued. Gastro- carcinoids have been reported in patients with ZE syndrome on long-term treatment with PRILOSEC. This believed to be a manifestation of the underlying condition, which is known to be associated with such tumors. Mild and, rarely, marked elevations of liver function tests [ALT (SGPT), AST (SGOT), γ-glutamyl transpeptidase phosphatase, and bilirubin (jaundice)]. In rare instances, overt liver disease has occurred, including hepa cholestatic, or mixed hepatitis, liver necrosis (some fatal), hepatic failure (some fatal), and hepatic encepha *Metabolic/Nutritional:* Hyponatremia, hypoglycemia, weight gain. *Musculoskeletal:* Muscle cramps, myalgia weakness, joint pain, leg pain. *Nervous System/Psychiatric:* Psychic disturbances including depression, ag hallucinations, confusion, insomnia, nervousness, tremors, apathy, somnolence, anxiety, dream abnormalities paresthesia; hemifacial dysesthesia. *Respiratory:* Epistaxis, pharyngeal pain. *Skin:* Rash and, very rarely, cases generalized skin reactions including toxic epidermal necrolysis (TEN; some fatal), Stevens-Johnson syndr erythema multiforme (some severe); skin inflammation, urticaria, angioedema, pruritus, alopecia, dry skin, hype *Special Senses:* Tinnitus, taste perversion. *Urogenital:* Interstitial nephritis (some with positive rechallenge), urin infection, microscopic pyuria, urinary frequency, elevated serum creatinine, proteinuria, hematuria, glycosuria, pain, gynecomastia. *Hematologic:* Rare instances of pancytopenia, agranulocytosis (some fatal), thrombocy neutropenia, anemia, leucocytosis, and hemolytic anemia have been reported. ***Combination Therapy with Clarithromycin:*** In clinical trials using combination therapy with PRILOSEC and clarithromycin, no adverse exp peculiar to this drug combination have been observed. Adverse experiences that have occurred have been those that have been previously reported with omeprazole or clarithromycin. Adverse experiences observed in c clinical trials using combination therapy with PRILOSEC and clarithromycin (n=346) which differed from those p described for omeprazole alone were: Taste perversion (15%), tongue discoloration (2%), rhinitis (2%), pharyng and flu syndrome (1%). For more information on clarithromycin, refer to the clarithromycin package insert, A REACTIONS section.

OVERDOSAGE: Rare reports have been received of overdosage with omeprazole. Doses ranged from 320 m mg (16-45 times the usual recommended clinical dose). Manifestations were variable, but included o drowsiness, blurred vision, tachycardia, nausea, diaphoresis, flushing, headache, and dry mouth. Sympto transient, and no serious clinical outcome has been reported. No specific antidote for omeprazole overdosage i Omeprazole is extensively protein bound and is, therefore, not readily dialyzable. In the event of overdosage, t should be symptomatic and supportive.

DOSAGE AND ADMINISTRATION ***Duodenal Ulcer:*** Short-Term Treatment of Active Duodenal Ulcer: The mended adult oral dose of PRILOSEC is 20 mg once daily. Most patients heal within 4 weeks. Some patients ma an additional 4 weeks of therapy. (See INDICATIONS AND USAGE.)

Reduction of the Risk of Duodenal Ulcer Recurrence: Combination Therapy with Clarithromycin

Days 1-14:	Days 15-28:
PRILOSEC 40 mg q.d. (in the morning) plus clarithromycin 500 mg t.i.d.	PRILOSEC 20 mg q

Please refer to clarithromycin full prescribing information for CONTRAINDICATIONS and WARNING, and for inf regarding dosing in elderly and renally impaired patients (PRECAUTIONS: *General*. PRECAUTIONS: *Geriatric* PRECAUTIONS: *Drug Interactions*) ***Gastric Ulcer:*** The recommended adult oral dose is 40 mg once a day f weeks. (See INDICATIONS AND USAGE, *Gastric Ulcer.*) ***Gastroesophageal Reflux Disease (GERD):*** The mended adult oral dose for the treatment of patients with symptomatic GERD and no esophageal lesions is 20 for up to 4 weeks. The recommended adult oral dose for the treatment of patients with erosive esophagitis and panying symptoms due to GERD is 20 mg daily for 4 to 8 weeks. (See INDICATIONS AND USAGE.) ***Maintenance of Healing of Erosive Esophagitis:*** The recommended adult oral dose is 20 mg daily. ***Pathological Hypersecretory Conditions:*** The dosage of PRILOSEC in patients with pathological hypersecretory conditions varies with the patient. The recommended adult oral starting dose is 60 mg once a day. Doses should be adjusted to individual needs and should continue for as long as clinically indicated. Doses up to 120 mg t.i.d. have been administered; dosages of greater than 80 mg should be administered in divided doses. No dosage adjustment is necessary for with renal impairment, hepatic dysfunction or for the elderly.

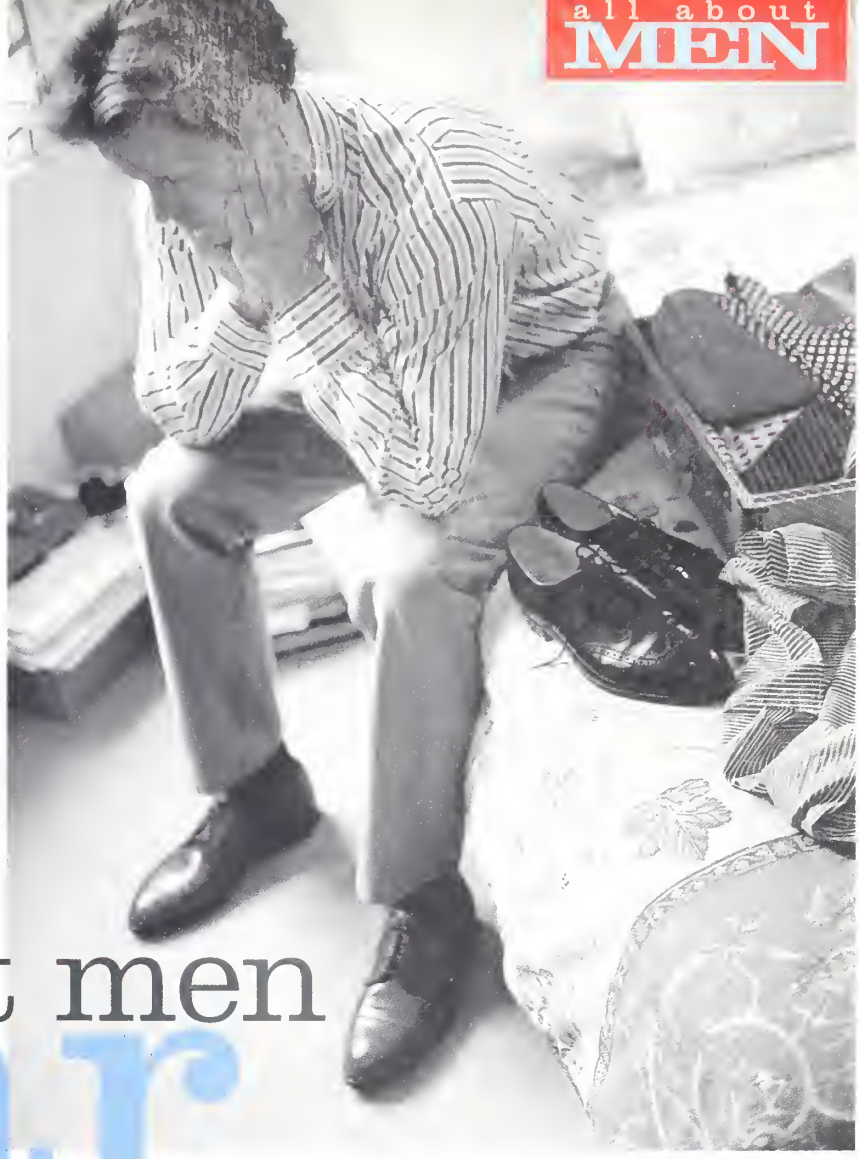
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NOTE: This summary provides important information about PRILOSEC. If you wou more information, ask your doctor or pharmacist to let you read the professional labeli then discuss it with them.

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What men fear most

It's not what you think. Here, real guys tell all.

By Carol Lynn Mithers

As every women knows, men rarely talk about their feelings. Because men are often so reserved, it can be easy to believe that they feel—and fear—little, if anything. But as we discovered, nothing could be further from the truth. When the *Journal* recently asked men to talk honestly about what they feared most in life, they opened right up. We think their answers will surprise and touch you.

David, 45, businessman. Married with one child, 10 It's a good week when I don't wake up at least once to worry that something will happen and I won't be able to provide for my family. I almost write a novel in my head about it. The details are different each time, but go something like this: I've always had good-paying but risky jobs for companies that are kind of on the edge. So in my fantasy, whoever is the moneyman behind the company dies and the place immediately shuts down. We don't have any money. All the safety nets that we really have—friends, family, the fact that my wife, Lisa, has a good job herself—I write off. Then I obsess about what I'm able to do that will help us make it—but there's no good answer. In the end, Lisa, our daughter, Allie, and I end up on the streets.

James, 43, scientist. Married, with two children, 14 and 11 I most fear the death of one or both of my daughters. Nothing else even comes close. It's especially strong because I had a premonition when my younger child was born that she would die young. Sometimes I let myself imagine what would happen if she died, but then everything gets black and I can't think anymore. It's changed the way I live. I tell the girls that there are no guarantees in life; that when I go on a business trip or they go to school, we can't be sure we'll ever see one another again, so don't leave anything undone. If there's an argument going on, resolve it before you depart. I take time away from work to be with them any chance I can. And I never let them go to bed without hearing that I love them.

Fred, 39, salesman. Married, with two children, 10 and 6 My greatest fear? Winding up a drunk, lonely old man like my father. There's a rational reason for this: There may be a genetic link to alcoholism, and even though I don't drink now, in the past I've drunk enough to think I could be susceptible. But there's also just this blind terror that even though I try to be as unlike him as I can, he's in me and I won't be able to *(continued)*

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(continued) escape. I think about it when I lose a client. I think about it when I have a fight with my wife, or one of my kids tells me she hates me and wants to run away from home. I think of alienating everyone I love, losing everything I have and ending up drunk and alone.

Todd, 43, architect. Married, with one child, 10 I most fear the death of my only son, but a close second is blindness. I'm a very visual person. I need to know how things look. I don't need to wear glasses all the time, but I do because I have a fear of missing something.

I don't obsess about blindness, but I feel the fear if I see a blind person on the street, or I get a notice from the eye doctor that it's time for an appointment. I'll think, What if he finds that I have some terrible disease? I became an architect because I tend to perceive the world in spatial terms. If I couldn't define the space around me, I would lose myself.

Gary, 44, attorney. Married, with two children, 15 and 13 Fear of failure has been the single greatest motivating factor in my life. Failure would mean not being respected in my profession, not being able to sustain my business or support my family. I think even with a spouse working, men feel the need to be the primary wage earner. If you don't have the money to send your kid to a good school, it's the father's failure, not the mother's.

I see fear of failure a lot in my practice. I defend men facing prison because of white-collar crime, and you'd be astounded how many of them are in trouble not because they were greedy but because they did something desperate to keep their businesses afloat or to get out of impossible situations. They risked everything to keep from being failures. And I can relate to that.

Brian, 40, publisher. Married, no children Really, what's there to be afraid of but death? Some people might qualify that by saying they fear a lingering or painful death, but for me, it's death in general. For one thing, although I've led a life I think is pretty decent, what if I get to the other side and discover I was wrong? Eternity is a long time to burn. The other part is that you just can't know what to expect. And the fact that it's *forever*. I'm claustrophobic, and the idea that I can't get out of something can really be anxiety-provoking. You can get out of most things, but you can't get out of death.

> "Sometimes I let myself imagine what would happen if she died"



Mark, 42, editor. Married, with two children, 16 and 2 The fear that drives what I do is fear of being humiliated. I may not talk to certain people because I'm afraid I'll say the wrong thing. Before I was married, I had a very hard time approaching women. Fear of being humiliated has kept me from pushing for the next level of professional advancement, or asking for more money. While this isn't a huge fear—it's not like fearing death or something—it's with me all the time. And it has a constant effect on my life.

Allen, 38, contractor. Married, with two children, 10 and 8 My only fear is dying and leaving my boys to grow up without me. Some of the things I enjoy most in life are helicopter skiing and flying small planes, and the truth is, they can be life-threatening. I haven't stopped doing those things because of my children, but sometimes I think, What would my family do if something happened to me? How would the kids manage?

I don't invent scenarios of my death; I just think of how my boys would feel if I were gone. My own father was very special to me, and I lost him when I was only twenty, just when I was getting to know him as a man and a friend. I know how big a loss that was for me. I don't want my kids to know it, too.

Ben, 37, computer operations manager at a law firm. Divorced, with one child, 10 I've *(continued)*

WHAT MEN FEAR MOST

Continued

made a lot of mistakes in my life, both personal and professional, and I'm afraid of old ghosts coming back. I had a romantic relationship with someone who eventually got mad enough to want to hurt me, and I worry about her reappearing. I once quit a job because I was being used by my co-workers, and before I left, I basically ratted them out to the head of the company. If they got into trouble, they would know that I had something to do with it, and I worry that one of them might come after me in some way. Sometimes when the phone rings, I get nervous. I never know if someone I hurt in the past will come back to destroy the life I have now.

Jerome, 37, police officer. Married, with one child, 6 I'm most afraid of aging. This started two years ago, when I had surgery for a herniated disk. I was in bed a long time. I was really incapacitated. Then my hair started going gray. This week, I got my first pair of reading glasses. It's creeping in.

I'm fearful that because of my age, I'm not doing as well at work. Since most criminals are younger and quicker than me, I've already lost the ability to run after them, and I feel bad about that. Most of the men I work with are younger than I am, and being the old guy is a weird feeling. Most of all, the idea of physically deteriorating scares me. I'm afraid of having to depend on other people. I hate the idea of not being in control.

Lee, 38, electrician. Divorced, with three children, 16, 13 and 11 It's been three years since my wife and I split up, and my biggest fear is that we made a mistake. Divorce has been such an awful process, painful and expensive, and it really, really hurt the kids. And my life isn't any better. I see my kids on weekends, and I live alone—I've dated, but I haven't found anyone I love. I get lonely. My wife and I had lots of problems, so maybe this is just fantasy, but I kee wondering that if we'd tried a litt harder, we might have been able work things out.

Jonathan, 40, vice presidel at a small manufacturing firn Married, with one child, 7 Of course worry about something happening my child, but after that, I fear som thing happening to my wife. Her j takes her on the road a fair amour so I have a good idea what it wou be like to raise Benny alone. T thought of having to be everything him is terrifying. And how could tell him that his mommy had die I've wondered how we could possib cope with it.

I also fear losing Gail for my sak I remember what my life was like b fore I met her. I was so lonely, wan ing to be with someone I loved. would be terribly painful to have go back to that. ●

Carol Lynn Mithers is a contributing editor of Ladies' Home Journal.

MEL GIBSON

Continued from page 74

challenge than laying off alcohol, as he has since 1992? "That was a snap," he says. "People say when you drink, you're who you really are. That's a bunch of bull. It just turns you into an obnoxious idiot. Believe me, I've had practice."

Since he's smoking again, how does he feel about the expression "A woman is only a woman, but a good cigar is a smoke"? "I don't understand that saying," he admits. "But if I had to choose between a woman and a cigar, I'd take the woman." So, what exactly turns him on? "I think the same things I find attractive about women, you can also find unattractive," he stammers. "Most women have really good motives, in general, more so than guys—I can never answer the women questions. . . . Hey, they're an enigma. That's why I like them.

"You understand women more as you get older, which is a relief," he says. "Because miscommunications can lead to yelling and stuff." One thing Gibson has learned is that women want honesty, sort of. "Never tell them the truth if you don't like the way their hair looks! Don't do it!"

Given my humidor experience, I feel about as comfortable talking about hair as Gibson does discussing women, so we segue to what he really prefers, which is boys' night out. "Poker games," he says. "Just a bunch of guys horsing around. It's like medicine. We have fun taking each other's money, and *the stories*. . . ."

Gibson also likes hanging around with his kids, who, on one family vacation, taught their dad the finer art of snowboarding. "I basically fell over for three days, and finally kind of got the hang of it," he says.

Gibson considers himself a hands-on parent, although he admits he doesn't always know what he's doing. "Robyn and I sometimes look at each other terrified, like, 'What do we do now?' " he explains. "It's a funny job. You can't really afford to make m takes but you do. And you're sort on the tightrope."

So, what is the one thing he wa his only daughter, sixteen-year-c Hannah, to know about men? "T they can be killed for a price. I kn some Yugoslavian cab drivers," jokes. "You want the best for yc kids, but you know they're gonna a bumpy ride. You just hope t they'll learn from it."

Unfortunately, *our* ride has co to an end. His jet is waiting, so ha ly we say our good-byes, and Gibs a man after my own heart, slips m smoke for the road.

I have a confession to make. I t this assignment psyched to smok caliber of cigars I could never aff to buy. But I must admit (my apo gies to Andy Garcia) that somewh along the way, I left my heart in M Gibson's humidor. ●

Melina Gerosa is the entertainment editor of Ladies' Home Journal.



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My two husbands

The author with the two men in her life: ex-husband, Philip, left, and husband, Dan, right

Sometimes—if you're lucky—divorce can mean losing a spouse but gaining a friend

By Holly Robinson

After an agonizing half hour in the store, I finally settled on a housewarming gift for Philip—four blue glass goblets—and carried them over to the cashier to be wrapped.

"These are lovely," the cashier said, rolling them in tissue paper. "Who are they for?"

"My ex-husband," I answered.

I got the usual double take, followed by a disbelieving shake of the head. I'm used to it by now. Even many of my friends don't understand that my ex-husband (or my "first best choice," as one of my more creative therapists dubbed him) is also one of my best friends.

Yet our marriage was in trouble as soon as I threw the bouquet. It wasn't *The War of the Roses*, exactly. But we saw marriage counselors for five of the seven years we were married and we separated twice. It got to the point where therapy took up as much time as a second job.

I had always been opposed to divorce. My own parents' marriage had ended several years earlier, and I still mourned the loss. I was most worried about the impact divorce would have on our two children.

Philip is exactly the father any child would want: kind, compassionate, funny and engaging. And, most days, I'm a good mother. Parenting was the one thing we both got right in our marriage. I didn't want to screw it up now.

I had read (with the avid, gloomy curiosity of a rubbernecker passing a highway accident) every magazine article on divorce that dropped through the mail slot. Some experts believe children of divorce are more likely to suffer in school and in personal relationships, that they are also more apt to become juvenile delinquents. I imagined myself mother to a car thief or a dope fiend. I pictured my kids at age thirty, sitting at some sleazy bar drunkenly cursing their fractured childhoods and the she-monster who had brought it all on.

So, when at last we gave up the ghost of our marriage, Philip and I made a different kind of lifetime vow: We must love our children more than we dislike each other. For their sakes, we would have to act like . . . well, grown-ups. That meant no insults behind the other's back. No blame, at least not in front of the kids. And a custody schedule that would allow our children as much access to each of us as possible. *(continued)*

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Here's how Kleenex Cottonelle UltraSoft stacks up against the leading bath tissue.

In actual touch tests, people say Kleenex Cottonelle UltraSoft is *softer* than the leading premium brand. In fact, it's the softest bath tissue *of all*. And it's thicker, too. It's made with 24% more cottony, soft fiber. If you want to make the comfortable choice in bath tissue, remember three words of comfort: "Soft. Thick. Kleenex."

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It hasn't always been easy. When we decided to separate the final time, our friends began falling to one side or the other of the battle line we had tried hard not to draw.

Philip's friends related horror stories of bankruptcies that followed in the wake of child-support payments. "She'll take you to the cleaners. Wait and see," they warned. "You won't be too happy in that shabby apartment when she takes her first vacation to Mexico!"

My friends, on the other hand, urged me to see a lawyer immediately. "You know his wallet will go wherever his hormones take him next," they cautioned. "And, sure, he'll see the kids on Saturday nights—until he's got something better to do."

Even the first attorney I consulted—I chose a woman, on the naive assumption that she would be compassionate and helpful—proved to be a sharpshooter whose every remark was divisive. She assured me that Philip must have hidden assets and would try to worm his way out of paying health insurance.

"Don't trust him," she warned, "or you won't be putting your kids through college. He's nice enough now. But wait." She went on to utter lines usually reserved for B movies: "I'm your hired gun. Just point me and shoot."

I didn't go back to that lawyer; she scared me too much. So we waited several months, trying out various homegrown solutions. At one point, Philip slept downstairs, I upstairs. We talked about converting the top floor of our house into an apartment for him, so we wouldn't have to sell the only home our children had ever known. Another short-lived experiment had us doing the time-splitting instead of the kids: Philip stayed with a friend during the week and moved back in on weekends; I spent weekends in a studio apartment.

"My God, if you can be that civil," my mother said, "you should just stay married and save yourselves a world of trouble. No marriage is happy, Holly. The only reason you need a man around is for his tool belt. Men are handy for changing the oil and putting up screens."

A world of trouble. At times, I wondered if my mother was right, and that was just where I was headed. Perhaps I should settle for a state of resigned contentment. Lots of marriages are held together with baling wire and twine, and I was asking for a lot from mine: intimacy, passion, humor and conversation.



Philip (left) and Dan enjoy an easy camaraderie

I kept returning to a common question: How happy do you have to be to stay in a marriage?

But I kept returning to a common question: How happy do you have to be to stay in a marriage?

Happier than I was, I decided. And, in truth, Philip wanted out as much as I did. Ultimately, we found a lawyer skilled in divorce mediation—a concept new to us both. The mediator helped us work together on a written agreement. He posed options we hadn't considered, and let us see that, though our family was going to live in two houses, we were still very much connected. (He also saved us thousands of dollars. Friends who had litigated divorces spent upward of $10,000. Ours cost a mere $950.)

"It helps," suggested one friend just before the divorce became final, "if you think of Philip from now on as the father of your children, instead of your ex-husband."

That advice was a nugget of gold—or, more to the point, a tiny ember in my pocket that could warm my hands. I clung to it during divorce court, when the judge grilled me on the reasons for our split.

I looked at Philip, standing across from me in front of the judge's bench, and saw that he was near tears. I remembered how, when our daughter was born, he refused to let the nurses take her out of the room, and fell asleep with her bundled tightly to his chest. I thought of how he called our son "Big Jones the Wonder Boy" and had just that week taught him to ride a bicycle. As I reached over to grasp Philip's hand, the judge raised an eyebrow and fell silent.

It's been three years now. It's still hard sometimes. Occasionally, we fall into old arguments. Philip withdraws; I go on the attack. But we're good at recognizing our standard patterns, and better at working through them, partly because we no longer have to live together.

Philip has a girlfriend, the kind he always wanted: leggy and blond, a nurse who once won a beauty contest. I'm jealous of her, a little. Especially when my daughter comes back after a weekend at Dad's house with her fingernails painted pink, telling me that she wants to be a nurse because "nurses are so pretty."

"You can be a doctor," I tell her.

Actually, I'm glad Philip has a girlfriend, and I'm glad his girlfriend is nice to my kids. And I occasionally enjoy assuring Philip that his girlfriend's hips will spread from here to Texas when *she* has kids.

I'm married again, to *(continued)*



HAVE YOU *EVER*

TREATED A

VAGINAL YEAST INFECTION

without

MESSING UP YOUR DAY ?

You can with

Oral DIFLUCAN *(fluconazole)*

The only one-dose tablet for yeast infections you can take anytime—day or night.

You simply take one oral tablet once for a complete cure for most vaginal yeast* infections. That's the great idea behind Diflucan, the treatment doctors have prescribed more than 2 million times.† And Diflucan has been shown to be comparable to 7 days of Monistat 7, Gyne-Lotrimin, or Mycelex-7.‡ In US clinical studies, the most common side effects that occurred with Diflucan were headache (13%), nausea (7%), and stomach pain (6%). To find out more about the prescription oral treatment... ask your doctor or healthcare professional about Diflucan for vaginal yeast infections.

Diflucan®
(fluconazole 150-mg tablet)
The one-dose *oral* treatment

Pfizer

Please see additional important product information on adjacent page.

Candida.
National Prescription Audit
1994-January 1996.
(miconazole) is a registered
of Ortho Pharmaceutical
-Lotrimin (clotrimazole) is a
rademark of Schering-Plough
elex-7 (clotrimazole) is a
rademark of Bayer Corp.

Diflucan®
(fluconazole 150-mg tablet)

for vaginal yeast infections due to *Candida*

Summary of patient information about DIFLUCAN (Di-flu-can), fluconazole (flü-con-a-zol)

PLEASE READ THIS BEFORE USING DIFLUCAN for the treatment of vaginal yeast infections due to *Candida*

Pfizer wants you to know as much as possible about your medicines. The purpose of this summary is to inform you about DIFLUCAN and its use in the treatment of vaginal yeast infections. However, no summary can take the place of a discussion between you and your doctor or other healthcare professional. Your doctor has been provided with full prescribing information for DIFLUCAN, upon which this summary is based. You may want to read it and discuss any questions you may have.

What is a vaginal yeast infection?

In the vagina, yeast and bacteria live together in a balance that limits the excessive growth of either. When this normal balance is upset for any reason, an infection can occur. Changes within the vagina can be caused by increased moisture, as may happen during prolonged exposure to wet clothing or sweaty exercise outfits.

In addition, some medical conditions and certain medicines can increase the chances of getting a yeast infection. Specifically, the chances of getting an infection are higher in women who are pregnant, diabetic, using birth control pills, or taking antibiotics. Vaginal infections are common, and an estimated 75% of all adult women have at least one vaginal yeast infection in their lifetimes.

Vaginal yeast infections are uncomfortable and may cause itching, burning, and soreness. When infected, the lining of the vagina becomes inflamed (a condition known as vaginitis) and the vaginal area reddens. An increase in vaginal secretions is also common during yeast infections, and some women have a thick, white discharge.

What is *Candida*?

Most yeast infections are caused by a type of fungus called *Candida*. It is normal for the *Candida* yeast to live in the human body.

How does DIFLUCAN work against a yeast infection?

DIFLUCAN is an antifungal agent that works by interfering with the yeast's normal growth process. Because of this action, DIFLUCAN effectively cures most vaginal yeast infections due to *Candida*.

Who should NOT take DIFLUCAN?

DIFLUCAN should not be taken by anyone known to be allergic to fluconazole, the active ingredient, or to any of the inactive ingredients listed at the end of this Summary. Also, you should tell your doctor or other healthcare professional if you are allergic to any other medicines.

How should I take DIFLUCAN and what should I expect?

DIFLUCAN for vaginal yeast infections is a 150-mg tablet that is taken by mouth. Most patients can expect to see the beginning of symptom relief within 24 hours of taking the tablet. As DIFLUCAN works to cure the infection over a period of days, symptoms will gradually lessen and eventually disappear.

DIFLUCAN can be taken anytime—day or night, with or without meals. You should take it as soon as possible, **by mouth**, to ensure the earliest relief. If the symptoms have not started to go away within 3 to 5 days, you should contact your doctor or other healthcare professional.

Possible side effects

In US clinical studies of 448 patients taking a single dose of DIFLUCAN for vaginal yeast infections, the most common side effects reported were headache (13%), nausea (7%), and stomach pain (6%). Other side effects reported were diarrhea (3%), indigestion (1%), dizziness (1%), and changes in the way food tastes (1%). Overall, 26% of patients taking DIFLUCAN reported side effects, compared with 16% of 422 patients using vaginal products. You may want to discuss with your doctor or other healthcare professional whether the convenience of a single oral dose outweighs the increased risk of side effects compared with other treatments that are applied directly in the vagina. You should also tell your doctor or other healthcare professional about any side effects you do experience.

Important warnings and precautions

Follow your doctor's directions about how to take DIFLUCAN, and be aware of the following points:

- If the symptoms of your vaginal yeast infection have not improved within 3 to 5 days, contact your doctor or other healthcare professional.
- DIFLUCAN has not been studied in pregnant women. If you are pregnant, your doctor should prescribe DIFLUCAN only if the benefit to you justifies the possible risk to the fetus.
- Because DIFLUCAN passes into human milk, you should not take DIFLUCAN while nursing.
- Be sure to tell your doctor and other healthcare professionals about *all* the medicines you are taking—prescription, nonprescription, and vitamins. They know about possible interactions between medicines and are best able to prevent them. DIFLUCAN may interact with certain birth control pills, cimetidine (Tagamet), hydrochlorothiazide, antacids, rifampin, warfarin (Coumadin), phenytoin (Dilantin), cyclosporine (Sandimmune), zidovudine (Retrovir or AZT), theophylline, terfenadine (Seldane), and oral antidiabetic medicines. If you are not sure whether you are taking any of these medicines, check with your doctor, pharmacist, or other healthcare professional.
- DIFLUCAN has been connected to rare cases of serious liver damage, including deaths, primarily in patients with serious underlying medical conditions.
- Rare cases of anaphylaxis (a severe allergic reaction) have been reported, as well as rare cases of a severe skin disorder.

Cancer and impairment of fertility

Like most prescription drugs, DIFLUCAN was required to be tested on animals before it was allowed for human use. Often these tests are designed to achieve higher drug levels than humans achieve at recommended dosing. In these tests, benign liver tumors were observed in some of the male animals and a complicated labor/delivery was observed in some female animals. Your healthcare professional can tell you more about how drugs are tested on animals and what the results of these tests mean about safety for you.

Pediatric use

One-dose DIFLUCAN treatment for vaginal yeast infections due to *Candida* has not been studied in children. When multiple-dose DIFLUCAN was used for the treatment of other infections in children up to the age of 17 years, the most commonly reported side effects were vomiting (5%), stomach pain (3%), nausea (2%), and diarrhea (2%).

Active ingredient: Each tablet contains 150 mg fluconazole.

Inactive ingredients: Microcrystalline cellulose, dibasic calcium phosphate anhydrous, povidone, croscarmellose sodium, FD&C Red No. 40 aluminum lake dye, and magnesium stearate.

Caution: Federal law prohibits dispensing without a prescription. You must see a doctor to receive a prescription.

If you have any questions or want more information about DIFLUCAN for the treatment of vaginal yeast infections, talk to your doctor or other healthcare professional.

Pfizer U.S. Pharmaceuticals Group

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MY TWO HUSBANDS

Continued

Dan. We share a marriage th
makes me understand why coupl
stay together. He's the only ma
whose company and conversatio
match the easy intimacy I have wi
women friends. He's a passiona
lover. And he has a tool belt a
knows how to use it.

Philip and Dan (my "final rig
choice") aren't exactly friends, t
they enjoy each other's compa
when we're dropping the kids off
Philip's house or he's returning th
to mine. Philip joked about want
to walk me down the aisle at my s
ond wedding, just as my father g
me to him. Dan, in turn, sugge
that we convert the barn behind
house into an "ex-law" apartment.

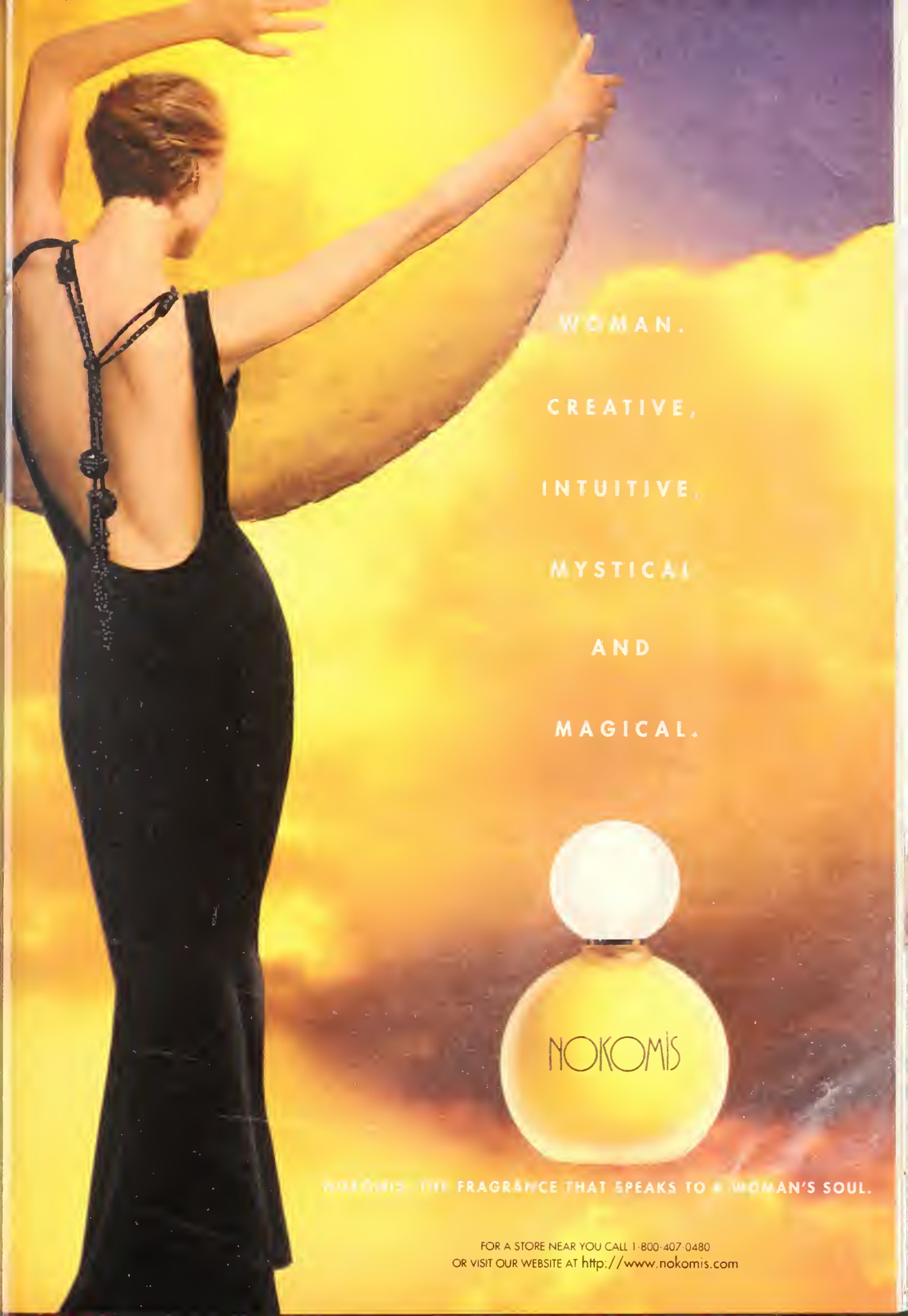
In fact, the men in my life sh
interests—science fiction, acti
movies, computers, dinosaur fo
prints—that are clearly linked to
Y chromosome. Sometimes I co
home from work and find them b
at the house, talking. Or playing w
our two kids, and with Dan's t
who live with us part of the time.

Yesterday, I returned from a gr
ing day to find Philip in the y
playing baseball with my son a
stepson. Our daughter and my s
daughter were upstairs inventin
complex dress-up game involv
"Teenage Mutant Ninja fairy p
cesses with wings." Dan was in
kitchen, cooking dinner for all of
Preparing a meal for a family bon
not by law but by love and ho
and history and humor.

Philip greeted me with a grin. "
Holly," he said, "how does it fee
have two husbands?"

As we sat down to eat—Dan
I, Philip and the four children—
didn't say grace before passing
spaghetti. But I felt the blessing
stowed upon all of us, that trust
lead to healing, and that pain ca
the path to joy. ●

Holly Robinson, a freelance writer
from Massachusetts, is awaiting th
arrival this month of yet another n
in her life—her new baby.


WOMAN.
CREATIVE,
INTUITIVE,
MYSTICAL
AND
MAGICAL.
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better sex in three days

Can a long-married couple find new ways to spice up their lovelife? What we learned may surprise—and delight—you. By Dianne Hales

A stint at Canyon Ranch, in Tucson, one of the country's top spas. A romantic getaway with Bob, my beloved husband of almost twenty years. An entire workshop devoted to couples and sexuality. My first question: "How could I say no?" My second: "How could I get my husband to say yes?"

So I fudged. "You'll love Canyon Ranch," I assured Bob. I talked up the food, the facilities, the fun. As for the seminar's subject—"Sex: Body and Soul"—I spoke vaguely about intimacy and "couples' stuff"—issues that were right up his alley as a psychiatrist. When a friend asked when I planned to fill Bob in on the details, I replied, "On the plane." At that point of no return, Bob rolled his eyes heavenward and surrendered to his fate.

Warming Up

At the first session of the three-day workshop, thirty-six of us settled warily onto floor cushions in a large circle. With the exception of some cuddly newlyweds, the group was mainly middle-aged couples. As I surveyed the room, I couldn't help wondering: What were such ordinary-seeming married people doing at a sexuality seminar?

We soon found out. Lana Holstein, M.D., director of women's health at Canyon Ranch, who was conducting the seminar with her husband, David Taylor, M.D., a family physician, divided us into pairs. We were to ask each other two questions: What were their intentions in coming to the workshop? And what were their greatest fears?

Most of the women, with children growing or grown, felt ready to focus on an aspect of their busy lives they'd long neglected. "Sex is like driving: You can get where you want to go in a Geo or a Mercedes," said one woman. "I'm ready to move up." The men were dubious. A surgeon worried about wasting his valuable time. Several businessmen feared they'd anger their wives by walking out before the workshop's end. (None did.) Almost everyone, female and male, admitted to being embarrassed.

No need to worry about awkward revelations or demonstrations, Lana reassured the group. But there would be techniques to master. The first was a lesson in something most of us had been doing for decades: kissing. As instructed, each of us gave our spouses a cursory buss. It looked and felt awkward, like a bunch of overage players trying a reluctant round of spin the bottle.

Then, while closing our eyes and breathing slowly, we each sat back and focused on the sensations in our own lips, moving them in and out, around and about. After several minutes, we repeated lip-to-lip contact. Suddenly, the atmosphere seemed somehow cozier. And the experience was indeed better. A kiss, it turns out, doesn't always have to be just a kiss.

Homework during the workshop, we learned, would involve various ways for "honoring" and pleasing each other—supposedly without actually having *(continued on page 94)*


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SASSY
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TOO
MISTY
LIGHTS
SLIMS
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BIG ALLERGIES. BIG TASTE. EFFECTIVE RELIEF.

When it's your child's allergy, there's no such thing as a small allergy. So for your child's allergy there's **EFFECTIVE** relief—ZYRTEC® (cetirizine HCl) syrup. ZYRTEC has a **BIG** banana-grape taste kids like. You only have to give it once a day. And it has no alcohol or dyes. Safety has been demonstrated in children and adults from 6 to 94 years of age. ZYRTEC is **EFFECTIVE** prescription relief for your child's allergies.



Because your child's allergies are a **BIG** deal, ask your doctor for **EFFECTIVE** allergy relief—ZYRTEC. Call **1-888-BIG-RELIEF** for important information about allergies and ZYRTEC.

As with all prescription medications, side effects may occur. Always talk to your doctor about any medication your child may take. When children (6 to 11 years) took ZYRTEC syrup, most side effects were mild or moderate. The most common side effects included headache (11.0% at 5 mg, 14.0% at 10 mg, and 12.3% on placebo), pharyngitis (6.2% at 5 mg, 2.8% at 10 mg, and 2.9% on placebo), abdominal pain (4.4% at 5 mg, 5.6% at 10 mg, and 1.9% on placebo), and somnolence (1.9% at 5 mg, 4.2% at 10 mg, and 1.3% on placebo). Discontinuation due to side effects was not significantly different from placebo (0.4% for ZYRTEC syrup vs 1.0% for placebo).

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Call 1-888-BIG-RELIEF.

ONCE-A-DAY
ZYRTEC®
cetirizine HCl

EFFECTIVE RELIEF FOR YOUR CHILD'S ALLERGIES

Please see important information for ZYRTEC tablets and syrup on the following page

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For Seasonal and Year-round Allergies and Chronic Idiopathic Urticaria.
Due caution should be exercised when driving a car or operating potentially dangerous machinery.

BRIEF SUMMARY
ZYRTEC® (CETIRIZINE HYDROCHLORIDE) TABLETS AND SYRUP FOR ORAL USE
(FOR FULL PRESCRIBING INFORMATION, CONSULT PACKAGE INSERT)

CONTRAINDICATIONS ZYRTEC is contraindicated in those patients with a known hypersensitivity to it or any of its ingredients or hydroxyzine. **PRECAUTIONS** Activities Requiring Mental Alertness In clinical trials, the occurrence of somnolence has been reported in some patients taking ZYRTEC, due caution should therefore be exercised when driving a car or operating potentially dangerous machinery. Concurrent use of ZYRTEC with alcohol or other CNS depressants should be avoided because additional reductions in alertness and additional impairment of CNS performance may occur. **Drug-drug Interactions:** No clinically significant drug interactions have been found with theophylline at a low dose, azithromycin, pseudoephedrine, ketoconazole, or erythromycin. There was a small decrease in the clearance of cetirizine caused by a 400 mg dose of theophylline, it is possible that larger theophylline doses could have a greater effect. **Carcinogenesis, Mutagenesis and Impairment of Fertility:** No evidence of carcinogenicity was observed in a 2-year carcinogenicity study in rats at dietary doses up to 20 mg/kg/day (approximately 10 times the maximum recommended human daily oral dose on a mg/m^2 basis). An increased incidence of benign liver tumors was found in a 2-year carcinogenicity study in male mice at a dietary dose of 16 mg/kg/day (approximately 4 times the maximum recommended human daily oral dose on a mg/m^2 basis). The clinical significance of these findings during long-term use of ZYRTEC is not known. Cetirizine was not mutagenic in the Ames test, and not clastogenic in the human lymphocyte assay, the mouse lymphoma assay, and *in vivo* micronucleus test in rats. No impairment of fertility was found in a fertility and general reproductive performance study in mice at an oral dose of 64 mg/kg/day (approximately 26 times the maximum recommended adult human daily oral dose on a mg/m^2 basis). **Pregnancy Category B:** Cetirizine was not teratogenic in mice, rats and rabbits at oral doses up to 96, 225, and 135 mg/kg/day (or approximately 40, 180, and 215 times the maximum recommended adult human daily oral dose on a mg/m^2 basis), respectively. There are no adequate and well-controlled studies in pregnant women. Because animal studies are not always predictive of human response, ZYRTEC should be used in pregnancy only if clearly needed. **Nursing Mothers:** Retarded pup weight gain was found in mice during lactation when dams were given cetirizine at 96 mg/kg/day (approximately 40 times the maximum recommended adult human daily oral dose on a mg/m^2 basis). Studies in beagle dogs indicate that approximately 3% of the dose is excreted in milk. Cetirizine has been reported to be excreted in human breast milk. Because many drugs are excreted in human milk, use of ZYRTEC in nursing mothers is not recommended. **Geriatric Use:** In placebo-controlled trials, 186 patients aged 65 to 94 years received doses of 5 to 20 mg of ZYRTEC per day. Adverse events were similar in this group to patients under age 65. Subset analysis of efficacy in this group was not done. **Pediatric Use:** The safety of ZYRTEC, at daily doses of 5 or 10 mg, has been demonstrated in 376 pediatric patients 6–11 years of age in placebo-controlled trials lasting up to four weeks and in 254 patients in a non-placebo-controlled 12 week trial. *The effectiveness of ZYRTEC for the treatment of seasonal and perennial allergic rhinitis and chronic idiopathic urticaria in this pediatric age group is based on an extrapolation of the demonstrated efficacy of ZYRTEC in adults in these conditions and the likelihood that the disease course, pathophysiology and the drug's effect are substantially similar between these two populations.* The recommended doses for the pediatric population are based on a cross-study comparison of the pharmacokinetics and pharmacodynamics of cetirizine in adults and pediatric subjects and on the safety profile of cetirizine in both adults and pediatric patients at doses equal to or higher than the recommended doses. The cetirizine AUC and C_{max} in pediatric subjects 6–11 years of age who received a single dose of 10 mg of cetirizine syrup was estimated to be intermediate between that observed in adults who received a single dose of 10 mg of cetirizine tablets and those who received a single dose of 20 mg of cetirizine tablets. **ADVERSE REACTIONS** Controlled and uncontrolled clinical trials conducted in the United States and Canada included more than 6000 patients aged 12 years and older, with more than 3900 receiving ZYRTEC at doses of 5 to 20 mg per day. The duration of treatment ranged from 1 week to 6 months, with a mean exposure of 30 days. Most adverse reactions reported during therapy with ZYRTEC were mild or moderate. In placebo-controlled trials, the incidence of discontinuations due to adverse reactions in patients receiving ZYRTEC 5 mg or 10 mg was not significantly different from placebo (2.9% vs. 2.4%, respectively). The most common adverse reaction in patients aged 12 years and older that occurred more frequently on ZYRTEC than placebo was somnolence. The incidence of somnolence associated with ZYRTEC was dose related, 6% in placebo, 11% at 5 mg and 14% at 10 mg. Discontinuations due to somnolence for ZYRTEC were uncommon (1.0% on ZYRTEC vs. 0.6% on placebo). Fatigue and dry mouth also appeared to be treatment-related adverse reactions. There were no differences by age, race, gender or by body weight with regard to the incidence of adverse reactions. Table 1 lists adverse experiences in patients aged 12 years and older which were reported for ZYRTEC 5 and 10 mg in controlled clinical trials in the United States and that were more common with ZYRTEC than placebo. Table 1 Adverse Experiences Reported in Patients aged 12 years and older in Placebo-Controlled United States ZYRTEC Trials (Maximum Dose of 10 mg) at Rates of 2% or Greater (Percent Incidence). ZYRTEC (N=2034) vs Placebo (N=1612) respectively. Somnolence (13.7% vs 6.3%), Fatigue (5.9% vs 2.6%), Dry Mouth (5.0% vs 2.3%), Pharyngitis (2.0% vs 1.9%), Dizziness (2.0% vs 1.2%). In addition, headache and nausea occurred in more than 2% of the patients, but were more common in placebo patients. Pediatric studies were also conducted with ZYRTEC. More than 1300 pediatric patients (6 to 11 years) with more than 900 treated with ZYRTEC at doses of 1.25 to 10 mg per day were included in controlled and uncontrolled clinical trials conducted in the United States. The duration of treatment ranged from 2 to 12 weeks. The majority of reported adverse reactions reported in pediatric patients (6 to 11 years) with ZYRTEC were mild or moderate. In placebo-controlled trials, the incidence of discontinuations due to adverse reactions in pediatric patients receiving up to ZYRTEC 10 mg was uncommon (0.4% on ZYRTEC vs 1.0% on placebo). Table 2 lists adverse experiences which were reported for ZYRTEC 5 and 10 mg in pediatric patients (6 to 11 years) in placebo-controlled clinical trials in the United States and were more common with ZYRTEC than placebo. Of these, abdominal pain was considered treatment-related and somnolence appeared to be dose related, 1.3% in placebo, 1.9% at 5 mg and 4.2% at 10 mg. Table 2 Adverse Experiences Reported in Pediatric Patients (6 to 11 years) in Placebo-Controlled United States ZYRTEC Trials (5 or 10 mg dose) Which Occurred at a Frequency of ≥ 2% in Either the 5 mg or the 10 mg ZYRTEC Group, and More Frequently Than in the Placebo Group. ZYRTEC 5 mg (N=161), 10 mg (N=215) vs Placebo (N=309). Headache (11.0%, 5 mg, 14.0%, 10 mg, 12.3%, placebo); Pharyngitis (6.2%, 5 mg, 2.8%, 10 mg, 2.9%, placebo); Abdominal pain (4.4%, 5 mg, 5.6%, 10 mg, 1.9%, placebo); Coughing (4.4%, 5 mg; 2.8%, 10 mg; 3.9%, placebo); Somnolence (1.9%, 5 mg, 4.2%, 10 mg, 1.3%, placebo); Diarrhea (3.1%, 5 mg; 1.9%, 10 mg, 1.3%, placebo); Epistaxis (3.7%, 5 mg, 1.9%, 10 mg, 2.9%, placebo); Bronchospasm (3.1%, 5 mg, 1.9%, 10 mg, 1.9%, placebo); Nausea (1.9%, 5 mg, 2.8%, 10 mg, 1.9%, placebo); Vomiting (2.5%, 5 mg, 2.3%, 10 mg, 1.0%, placebo). The following events were observed infrequently (less than 2%), in either 3982 adults and children 12 years and older or in 659 pediatric (6 to 11 years) patients who received ZYRTEC in U.S. trials, including an open adult study of six months duration; a causal relationship with ZYRTEC administration has not been established. **Autonomic Nervous System:** anorexia, urinary retention, flushing, increased salivation, dry mouth. **Cardiovascular:** palpitation, tachycardia, hypertension, cardiac failure. **Central and Peripheral Nervous Systems:** paresthesia, confusion, hyperkinesia, hypertonia, migraine, tremor, vertigo, leg cramps, ataxia, dysphonia, abnormal coordination, hyperesthesia, hypoesthesia, myelitis, paralysis, ptosis, twitching, visual field defect, syncope, dizziness. **Gastrointestinal:** increased appetite, dyspepsia, abdominal pain, diarrhea, flatulence, constipation, vomiting, ulcerative stomatitis, aggravated tooth caries, stomatitis, tongue discoloration, tongue edema, gastritis, rectal hemorrhage, hemorrhoids, melena, abnormal hepatic function, eructation. **Genitourinary:** polyuria, urinary tract infection, cystitis, dysuria, hematuria, micturition frequency, urinary incontinence. **Hearing and Vestibular:** earache, tinnitus, deafness, ototoxicity. **Metabolic/Nutritional:** thirst, dehydration, diabetes mellitus. **Musculoskeletal:** myalgia, arthralgia, arthrosis, arthritis, muscle weakness. **Psychiatric:** insomnia, sleep disorder, nervousness, depression, emotional lability, impaired concentration, anxiety, depersonalization, paronirıa, abnormal thinking, agitation, amnesia, decreased libido, euphoria. **Respiratory System:** epistaxis, rhinitis, coughing, bronchospasm, dyspnea, upper respiratory tract infection, hyperventilation, sinusitis, increased sputum, bronchitis, pneumonia, respiratory disorder. **Reproductive:** dysmenorrhea, female breast pain, intermenstrual bleeding, leukorrhea, menorrhagia, vaginitis. **Reticuloendothelial:** lymphadenopathy. **Skin:** pruritus, rash, dry skin, urticaria, acne, dermatitis, erythematous rash, increased sweating, alopecia, angioedema, furunculosis, bullous eruption, eczema, hyperkeratosis, hypertrichosis, photosensitivity reaction, photosensitivity toxic reaction, maculopapular rash, seborrhea, purpura, skin disorder, skin nodule. **Special Senses:** taste perversion, taste loss, parosmia. **Vision:** blindness, loss of accommodation, eye pain, conjunctivitis, xerophthalmia, glaucoma, ocular hemorrhage. **Body as a Whole:** increased weight, back pain, malaise, fever, asthenia, generalized edema, periorbital edema, peripheral edema, rigors, leg edema, face edema, hot flashes, enlarged abdomen, nasal polyp, pain, pallor, chest pain, accidental injury. Occasional instances of transient, reversible hepatic transaminase elevations have occurred during cetirizine therapy. A single case of possible drug-induced hepatitis with significant transaminase elevation (500 to 1000 IU/L) and elevated bilirubin has been reported. In foreign marketing experience the following additional rare, but potential severe adverse events have been reported: hemolytic anemia, thrombocytopenia, orofacial dyskinesia, severe hypotension, anaphylaxis, hepatitis, glomerulonephritis, shillbirth, and cholestasis. **DRUG ABUSE AND DEPENDENCE** There is no information to indicate that abuse or dependency occurs with ZYRTEC. **OVERDOSAGE** Overdosage has been reported with ZYRTEC. In one adult patient who took 150 mg of ZYRTEC, the patient was somnolent but did not display any other clinical signs or abnormal blood chemistry or hematology results. In an 18-month-old pediatric patient who took an overdose of ZYRTEC (approximately 180 mg), restlessness and irritability were observed initially; this was followed by drowsiness. Should overdose occur, treatment should be symptomatic or supportive, taking into account any concomitantly ingested medications. There is no known specific antidote to ZYRTEC. ZYRTEC is not effectively removed by dialysis, and dialysis will be ineffective unless a dialyzable agent has been concomitantly ingested. The acute minimal lethal oral doses in mice and rats were 237 and 562 mg/kg, respectively (approximately 55 and 265 times the maximum recommended human daily oral dose on a mg/m^2 basis). In rodents, the target of acute toxicity was the central nervous system, and the target of multiple-dose toxicity was the liver. **DOSAGE AND ADMINISTRATION Adults and Children 12 years and older:** The recommended initial dose of ZYRTEC is 5 or 10 mg per day in adults and children 12 years and older, depending on symptom severity. Most patients in clinical trials started at 10 mg. ZYRTEC is given as a single daily dose, with or without food. The time of administration may be varied to suit individual patient needs. In patients with decreased renal function (creatinine clearance 11–31 mL/min), patients on hemodialysis (creatinine clearance less than 7 mL/min), and in hepatically impaired patients, a dose of 5 mg once daily is recommended. **Children 6 to 11 years:** The recommended initial dose of ZYRTEC in children aged 6 to 11 years is 5 or 10 mg (1 or 2 teaspoons) once daily depending on symptom severity. The time of administration may be varied to suit individual patient needs. 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BETTER SEX IN THREE DAYS

Continued from page 90

intercourse until the final day (although the sex polic weren't checking). The first night's assignment: practic kissing. Bob and I aced it.

Sexual Healing

As you might expect at a sexuality workshop, there wa intense breathing—but of the deep, not the heavy, variety

We played "push hands," a tai chi technique in whic partners take turns guiding each other's movements. W alternated inhaling and exhaling, looking into each oth er's eyes and synchronizing our breaths. Individually an in pairs, we focused on the rhythmic beating of ou hearts and the flow of energy through our bodies.

What did any of this have to do with sex? A lot, sai Lana. "By getting in tune with each other's heart ra and breathing, you make love with your whole being."

When the couples broke into small discussion group we realized that each of us usually focused on only on or two dimensions of sex. As one man put it, "Guys ju want to get it on; we're almost entirely biological." Th women, on the other hand, tried to explain why romant symbols—flowers, music, gifts—still matter, even after a these years, as signs of enduring commitment.

Most of us had never used New Age terms, like "au thentic," for sex. As Lana explained, this simply mean opening up and revealing one's true self. "You're n making love to some object of desire or a fantasy, but t a real person whom you know and cherish," she sai "You're able to let down some of your fears, to be a cepted for who you are." Most of us, happily, had bee there, done that and liked it.

Five Sexy Strategies

Want to put some sizzle in your sex life? Follow these tips from the Canyon Ranch workshop:

- **Give each other "love zingers" every day. Communicate quick, positive statements of love and affection.**
- **Practice the Golden Rule. "When it comes to sex, do to your partner what you'd like done to you," suggests Lana Holstein, M.D. It may be the best way of inspiring your mate to try something new.**
- **Create a special space for sex. "If you want sex to be more meaningful, you have to think about [your surroundings]," notes Lana. Move the TV out of the bedroom and bring in flowers and candles.**
- **Develop a ritual for sexual intimacy. Find a way to connect—through touch, talking or looking into each other's eyes—before making love.**
- **Become mutual explorers. The most positive way for a couple to enhance their sexual relationship is with an attitude of shared adventure. That way, says Lana, "Both partners go forward together."**

n Sex Be Sacred?

ranspersonal" sexuality—a meeting souls rather than a mere melding bodies—seemed far more elusive. his is a way of thinking about sex sacred," Lana noted. Based on the tric view of sex as an exchange of :rgy between two people, it de- nds a heightened awareness. ou're giving and receiving energy," d Lana. "You're very aware of king love to the sacred being with- your partner."

Glancing around the room, I saw ne eyes rolling—including my hus- nd's. I could understand why. Un- tunately, as spouses we see so ch of each other that we forget to lly look at the person we love, let ne think of him or her as sacred.

To help us refocus, Lana and vid had the women and men nd opposite each other in concen- : circles. As we moved around the cle and changed partners, the men were told to look for the little y—vulnerable and sweet—inside : man before us; the men, to try to see the loving, lovely little girl inside the woman in front of them. We then tried to visualize our partners as the men and women they are, filled with hopes, fears and dreams, and as the people they might still become. Finally, we pictured the person facing us as embodying a sacred life force.

There was something curiously touching about looking at relative strangers in this way. The men seemed boyishly appealing. The women, my husband noticed, took on a sort of inner glow. By the time we reconnected with our spouses, their familiar faces were the most welcome and radiant of all.

The Goddess Within

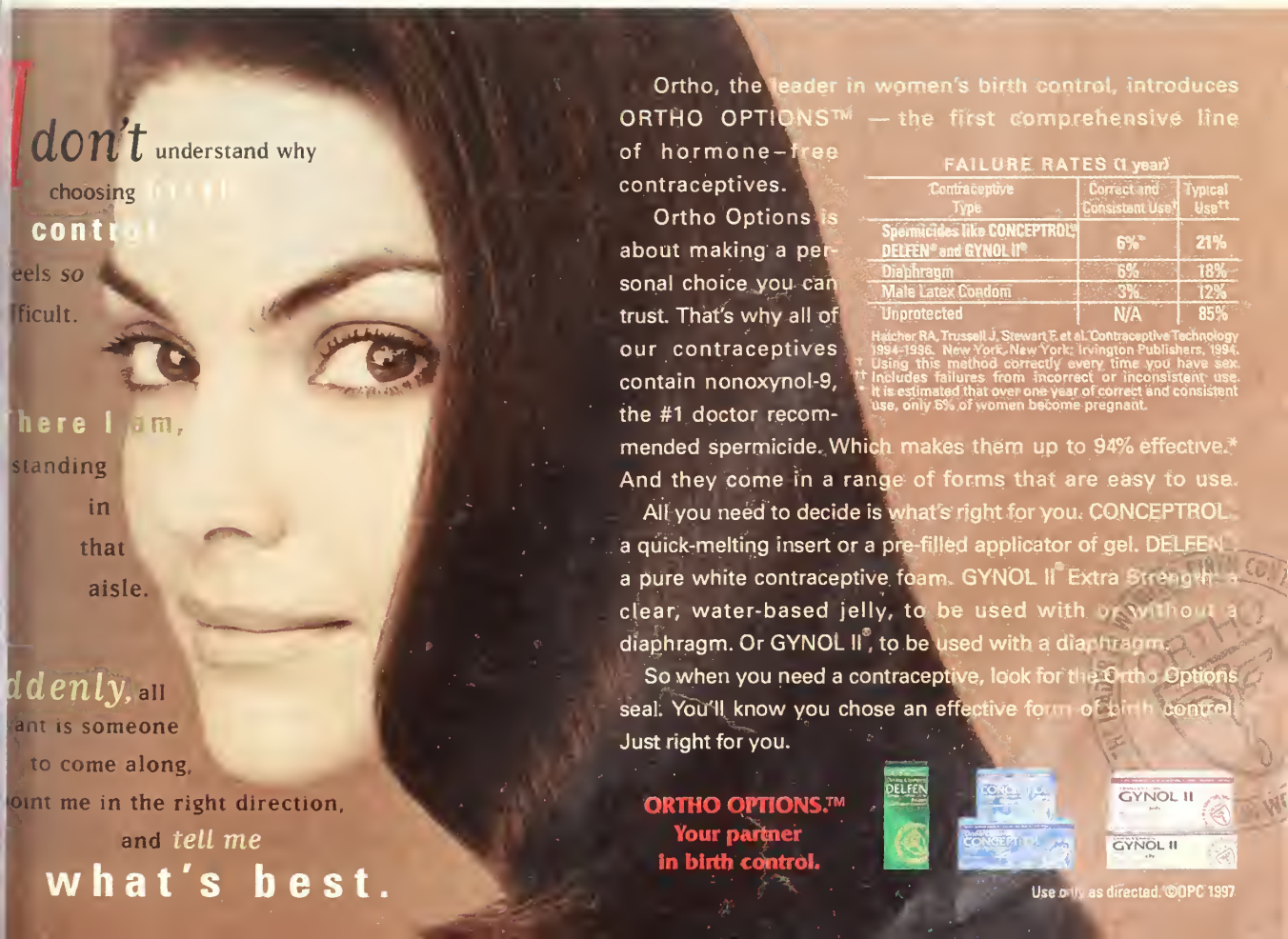
Certainly "goddess" had never been a career aspiration of the thoroughly modern women gathered at the workshop. But the more Lana and David discussed the goddess of sexual energy within every woman, the more appealing it sounded. One woman even added the word *goddess* to her name tag.

What qualifies a woman for promotion to a pantheon? "In the Eastern tradition," David explained, "sexual energy resides in the woman. Her lover's role is to unleash this powerful force by acknowledging and honoring her as a goddess. This is totally counter to the Western notion of sexual energy as something that men have and bring to women."

This also contradicts everything many of us were told about what nice girls do—and don't do. "Often women lock their sexual self away early in life," Lana noted. "They think, 'She's too dangerous.' I see a lot of women who are midlife virgins. They may have had sex thousands of times and given birth to children, but they've never experienced their sexual power or taken pleasure in being female."

It's never too late for a woman to find her inner goddess. "She must believe that she is entitled to experience a fulfilling sexual life," said Lana. She must then challenge any rigid attitudes that get in her way.

Yet the goddess gig *(continued)*









(continued) can take some getting used to. We broke into all-male and all-female groups to get our instructions for a homework session dedicated to worshiping the deity. The men were taught fundamental tantric principles, such as massage of the "sacred spot" (otherwise known as the G-spot) in a woman's vagina. The women were told to lie back and enjoy. But when we reassembled again in same-sex groups, the goddesses were disgruntled. "We got into an argument because he kept insisting he'd found my G-spot and I kept saying he hadn't," said one. "It was so annoying, I was ready to pay to make him stop," groused another.

Afterward, I couldn't wait to talk to Bob. "The goddesses are angry," I reported. "How do the guys feel?" He looked at me in amazement. "They all bragged about how much their wives loved it," he said. We dissolved in laughter. Even goddesses and their worshipers, it seems, are from different planets.

Taking It Home

Each morning Lana discreetly asked for a brief "weather report" on the group members' psychological climate. The increasingly mellow "meteorologists" were reporting sunshine and clear skies, even a rainbow or two. One man crooned the opening lyrics of "Tomorrow" one day and "Oh, What a Beautiful Mornin' " the next.

When Lana and David asked the group to list the things that get in the way of love and loving in the real world, the first was a four-letter word: kids. Of all the conflicting roles in our lives, the women agreed, none collide more than goddess and mommy. Yet almost every couple in the group had managed to find ways to carve out some time for sex—by swapping child-sitting with neighbors, arranging visits to grandparents or installing locks on the bedroom door.

Ultimately, we had to admit that the most difficult challenges were intangible blocks like anger and fatigue. "Anger can poison your entire relationship," said Lana. "If you get mad at your spouse, admit it, deal with it and move on. If you hold on to it, sooner or later, you have to decide: Would I rather be right or be loved?"



Dianne Hales with her husband, Bob

Often the problem isn't temper, but tiredness. Should you forget about sex if you're too pooped for passion? Not at all, said David. "Sex can be a source of nourishment and energy, whether you feel sexy or not," he explained. Couples rarely regret rousing themselves to make love, Lana added. "For the short amount of time that sex takes, we get so much out of it. We sleep better. We feel better. There are tremendous chemical changes in the brain. Sex may be the single best thing you can do to feel better."

Gifts From The Heart

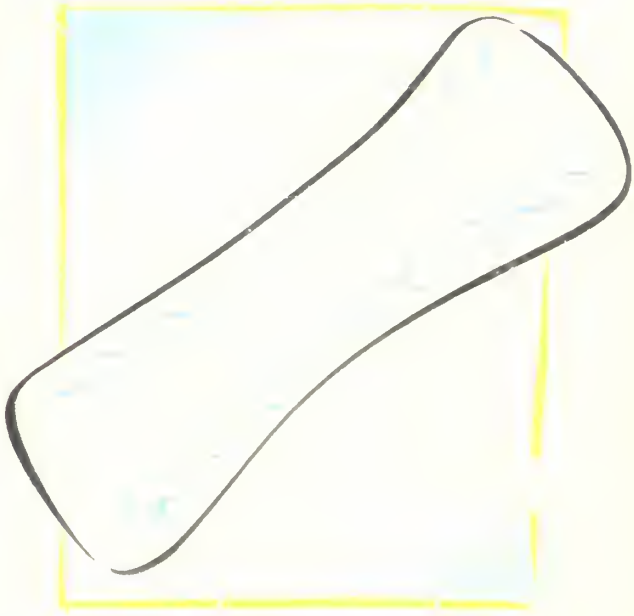
On the final day of the workshop, each couple had to create a drawing. A few husbands and wives immediately divided the paper in half and worked on independent creations. Some opted for abstractions—as Bob and I did. With a smile we realized that each time one of us would start to sketch a form, the other would complete it.

At the final celebratory circle, partners exchanged gifts (which could not be store-bought). One husband gave his wife a thorn to represent a problem that he had allowed to come between them for years. One woman presented her husband with an orange, in the hope that both of them would always be willing to peel away the tough outer layers to enjoy the sweetness underneath.

My husband I still smile when we think back to our stay at Canyon Ranch. Even though we've found it impossible to re-create the sensual, mellow ambience, we try to set aside some precious moments each week just for each other. And we certainly haven't forgotten the enormous difference between having sex and making love. Now, if he'd only start calling me goddess. ●

Dianne Hales is a contributing editor of Ladies' Home Journal.





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Parenting in public

How to cope when the kids are out of control and all eyes are on you

By Leslie Lampert

After racing home from work on a recent Thursday evening, Elaine Hightower, thirty-seven, an art director at *Atlanta* magazine, took her two children, Rachel, four, and Gus, six, to a local restaurant for dinner. "Gus started to pitch a fit," says Elaine. "He was screaming and kicking and bothering everyone around us." Then Rachel got into the act. "It was a fiasco," Elaine admits. "I warned them—I told them we would leave if they didn't quiet down. But they continued to climb up on the railing by our table. The people next to us were horrified." Struggling to contain her temper, Elaine finally canceled the order and "dragged both kids out kicking and screaming."

Sound familiar? Today, more than ever, kids are being seen *and* heard. In restaurants, on airplanes, at the movies, in malls, the under-ten set is everywhere their overworked, overscheduled parents want to be.

American families are in the throes of a cultural shift. As more and more mothers work outside the home, we feel that we should spend as many of our nonworking hours as possible with our kids. So, in the hope of sharing family time, we take them out to fancy restaurants or to the theater or on trips—places that once were strictly the domain of adults—and often end up spending half our time trying to keep them quiet. Or at least under control.

Unfortunately, parenting in public usually brings out our worst impulses: We're self-conscious about being observed and evaluated; we're frustrated by little ones who can't behave and just won't listen. Our finely honed parenting skills go out the window, supplanted by reactionary outbursts or desperate attempts to save face. "Parenting in public is very stressful," agrees Nancy Samalin, noted parent educator and author most recently of *Loving Each One Best* (Bantam, 1997). "And we're not at all a society that likes and tolerates children, though we pay lip service to the idea."

Striking the Right Balance

Parenting in public is a greater dilemma today in part because this generation of parents has not settled on a parenting style. We have rejected the old, authoritarian methods, yet lack the time and patience to carry through on our egalitarian ideals. "Adults and children spend so little time together now that they have trouble sharing that time," observes Spencer Cahill, Ph.D, associate professor of Interdisciplinary Social Sciences and Sociology at the University of South Florida, in Tampa, and author of a 1990 study, *Childhood and Public Life*.

In the past, Cahill points out, child rearing entailed "a kind of collective surveillance of children." People hung out on their stoops, peered out their windows and kept a watchful eye over everyone's children. No more. The pace of modern life precludes looking out for the neighbors' kids. Consequently, the full burden of a child's upbringing these days falls almost solely to his or her parents.

Add to that the unreasonable expectations that many parents have of their children. "They don't know what's developmentally appropriate," explains Irwin Hyman, Ed.D., director of the National Center for the Study of Corporal Punishment and Alternatives at Temple University, in Philadelphia, and author of *The Case Against Spanking: How to Discipline Your Child Without Hitting* (Jossey-Bass, 1997). "*The Nutcracker*, for instance, is oriented toward children but it's actually too long for many children to sit through." A six-year-old who fidgets or otherwise acts up in such a situation is not misbehaving—she's merely behaving in an age-appropriate way.

The Need for Empathy

According to Ellen Galinsky, president of the Families and *(continued*



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Work Institute in New York City and the author of eighteen books, including *The Six Stages of Parenthood* (Addison-Wesley, 1987), striking the right balance in public depends ultimately on greater tolerance—on the part of both parents and bystanders. "If we feel that we're being assessed either by how well behaved our children are or how well we can control them, our parental responses are affected—usually negatively," says Galinsky. "If, on the other hand, the people around us are supportive or empathetic, we tend to manage much better."

How does such thinking translate into real life? We asked an expert to comment on each of the following all-too-familiar scenarios.

Scene 1: No Reservations

It's seven-thirty on Friday night, and Susan and David Campbell are both exhausted from a grueling workweek. Neither wants to cook, so they decide to go out to eat with their five-year-old son, Ben. In the mood for a nice dinner, they head for Caroline's, a neighborhood favorite. They are seated at a corner table and order cocktails. Within minutes, Ben starts clanging his silverware, pours salt into his water and begins whining that he's hungry. The couple at the next table smile politely at Susan and David—then, when Ben bumps their table, flash a pointed look in their direction. Susan scolds Ben mildly, then continues her conversation with David—who is starting to feel embarrassed. "Can't you do something to control him?" he mutters to Susan, who angrily retorts, "Can't *you*?" Fuming, they ignore Ben as he climbs up on the back of his chair and begins to rock back and forth.

What Went Wrong: "My take on this," says Nancy Samalin, "is that the parents and the child are in the wrong place. It's unreasonable to expect a five-year-old to sit still at that hour when he's probably hungry and tired. If a child is too restless to sit still, and the parents haven't brought anything to occupy him—crayons toy or even food—then they sho leave. They may have the swee kid in the world, but a rambuncti five-year-old won't be appreciated an adult restaurant."

Quick Fix for Parents: Next ti settle for dinner at a fast-food jo Save Caroline's for a Saturday n and hire a sitter for Ben.

If You're the Bystander: There's nice way to tell people to con their child. Quietly ask the maitr to switch your table.

Scene 2: Food Fight

Tammy Brown has twenty-five m utes to race through the superma for the week's groceries before she to pick up her nine-year-old son f soccer practice. Daughter Katie, f begins to whine as soon as Tam puts her in the shopping cart. "I v animal crackers, Mommy! Ca pleeeeze have a candy bar?!"

"No, it's too close to dinnertim Tammy says calmly before proce ing down the next aisle. As t pass the cereal, Katie starts scream, "I want Lucky Charm That's when Tammy loses her c "I'm not buying sugary cereals. N shut up and sit still." Katie disso into tears. Tammy can feel cheeks redden as other shopp stare—some with sympathy, ot with contempt. Abandoning the of the items on her list, she heads the checkout counter. Still cr loudly, Katie starts to get out of seat to reach for the gum disp and Tammy snaps, "Get back in cart." The woman in line beh them glares impatiently.

What Went Wrong: If Tamm aim was not to cave in to Katie's quest for food, her method was h ly ineffective. "The less respon tantrum gets, the quicker it end," says psychologist Anthony Wolf, Ph.D., author of *Get Out of Life, But First Could You Drive and Cheryl to the Mall?* (Far Straus & Giroux, 1991). F Katie's point of view, says Wolf, question is, *(continued on page*

ANN

by Kelly RuBert



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ght of 16".

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Continued from page 100

"Can my tantrum wear my parent down? Can it get attention?" Children tend to pick up on our anxiety in these situations and exploit it to the hilt.

Quick Fix for Parents: Keep your cool and simply tough it out, advises Wolf. And next time, bring along a healthy snack.

If You're the Bystander: Lighten up. A supermarket isn't a fancy restaurant; the occasional screaming child is part of the scene. If the hubbub is really getting to you, move to a different aisle or checkout line.

Scene 3: The Disappearing Act

On a Wednesday, after work, Barbara, thirty-four, picks up her three-year-old daughter, Emily, from day care and stops at the Grove Park Mall to run a few errands before driving home to fix dinner. As Barbara is paying for some panty hose, Emily darts out of the store and into the crowded mall lobby. Barbara drops her shopping bag and sprints after Emily, who has disappeared into the crowd. Frantic, Barbara finally spots her in front of Kay Bee Toy Store. When she reaches her, she yanks Emily's arm and begins to spank her. Emily cries hysterically while Barbara shrieks, "I told you never to run away from me in a store. Someone could steal you. You're a bad girl." Two women stop, shake their heads and give Barbara a disdainful look.

What Went Wrong: "From Barbara's point of view," says Hyman, "there are two distinct sets of emotions. One is of fear—fear for her child's safety; the other is of embarrassment at not being able to control her child. Both of these emotions cascade into anger, and in this case, Barbara smacks the child as a solution to her own anger."

Quick Fix for Parents: Prevention is the best cure here. Leave the child at home until she's old enough to handle the mall. If you can't do that, come prepared with distractions like a small toy or even food to reward good behavior. As a last resort—and only that—use a child leash.

If You're the Bystander: This situation presents bystanders with an ethical quandary because Barbara's repeated hitting of Emily borders on abuse. But hurling accusations at parents can make matters worse for the child. "If you have the guts," says Hyman, "you could go up to the parent and ask if you can help. This may relieve the parent's embarrassment."

Scene 4: Tantrum at 30,000 Feet

Lori and Kurt Connors and their seven-year-old son, Robbie, are on the Friday evening shuttle from New York to Boston, en route to a weekend visit with Robbie's grandmother. The plane is filled with business people. As the man in front of Robbie dozes off, Robbie starts to kick his seat—relentlessly. Lori and Kurt are reading magazines. The man turns around and gives Robbie a disapproving look. Robbie then unlatches his tray table and pretends to play the drums on it by thumping his fingers. The man whips around and shouts at Lori, "Can't you control your son?" Lori apologizes to the man and reprimands Robbie, who begins to cry inconsolably. Kurt shoots Lori an angry look, then hisses at Robbie, "Stop that right now."

What Went Wrong: Lori and Kurt, says Ellen Galinsky, "were probably exhausted when they finally got on the plane and happy to escape by reading. Then suddenly, they were thrust into an embarrassing situation." Moreover, Lori and Kurt were trapped. "There's no escape on a plane," Galinsky says.

Quick Fix for Parents: Bring something new and fun to occupy Robbie: a book or tape. And don't get so preoccupied with your own reading that you fail to notice that his behavior has spiraled out of control.

If You're the Bystander: Ask Robbie directly—but not in a critical way—to stop kicking. Perhaps even offer him a magazine. Or simply summon a flight attendant; surprisingly, most parents do not object to that intervention. ●

Leslie Lampert is a contributing editor of Ladies' Home Journal.

AVOIDING A SCENE

1. Establish a clear verbal contract with your child before you go out. "We need to tell our children beforehand what we expect," says Irwin Hyman, Ed.D. "Make him understand that if he fails to follow the terms of the contract you set together, there will be concrete consequences." Such a contract should not, however, be a "you'd better behave or else" ultimatum. The point is to create expectations up front and stick to them.

2. Resist the urge to try to please bystanders. Your sole objective as a parent is to do the right thing for your child. You may be tempted to capitulate to a tantrum in a supermarket or in a mall just to appease other shoppers. In these situations, Nancy Samalin offers this technique: "Close your eyes and say 'I don't know these people who are staring at me. I will never see them again. They are not my friends.' Then leave with your kids on your own terms—confident that you stuck by your own standards of parenting."

3. Know what's reasonable to expect from your child. Every child is wired differently, says psychologist Anthony E. Wolf, and expectations vary markedly from age to age. "So, don't expect your child to sit quietly if he's a live wire; leave him home instead." If you must bring an energetic child along, make sure he has something to engage him.

4. Set standards of good behavior at home. "You can't discipline children unless you have guidelines and limits," says Ellen Galinsky. Think of what they do at home—at dinner, with siblings, on the phone—as the dress rehearsals for public outings. And be sure you enforce the home rules when you're out in public. —L.L.



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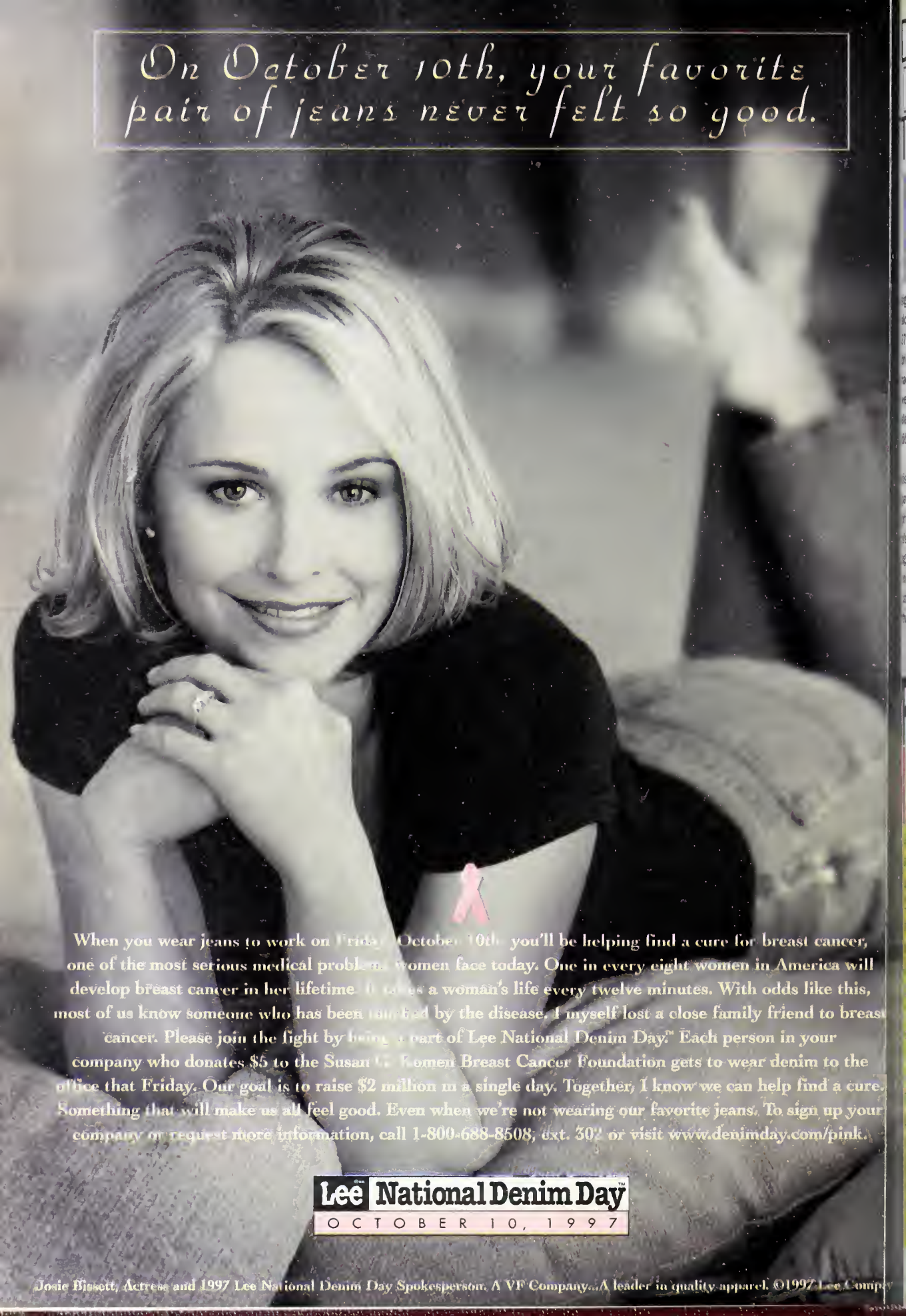






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Drinkers LISTEN To Doctors

If you know someone who drinks too much, consider suggesting a doctor's appointment. In a recent study, problem drinkers who had two fifteen-minute consultations with a physician significantly decreased their use of alcohol (by 47 percent for women; 37 percent for men). Problem drinkers were defined as men who had more than fourteen drinks per week, or women who had more than eleven, but less than fifty. The study did not include alcoholics.

During the visits, doctors discussed the patients' drinking patterns and reminded them of the physical dangers of alcohol. They also negotiated a drinking-reduction agreement, a prescription for a cap on the number of drinks per week the patient could have that was lower than the current consumption.

—Deborah J. Baer

FIGHTING ILLNESS

Arguing with your spouse can sure make you feel lousy. Now, an Ohio State University study finds it can also make you sick. Newlywed couples were observed after they had a fight. For several hours following the exchange of cross words, the wives, but not the husbands, showed hormone changes dramatic enough to weaken their immune systems. The researchers attribute the difference to the wives' frustration when their husbands tuned them out. The more the wives stewed, the higher their hormone levels and the weaker their immune defenses.



Skipping Stones

Kidney stones—those painful calcium crystals that form in the kidney—used to be thought of as a men's problem. But in fact, four to five out of every hundred women will develop them. For prevention, doctors traditionally have advised limiting calcium intake—a problem for women who want to maintain bone strength. But a new study finds that milk is not to blame. "Now we know that too little calcium is really the culprit," says researcher David McCarron, M.D., a professor of medicine at Oregon Health Sciences University, in Portland. When taken in adequate amounts (at least 1,000 mg a day for women), calcium reduces the body's absorption of oxalate, the other chemical present in kidney stones. Less oxalate means less risk for stones. But don't rely on calcium supplements as a preventive measure: The study also found that taking them slightly increases kidney-stone risk. The researchers think this may be because ingesting calcium pills on an empty stomach, as many people do, keeps the body from ridding itself of oxalate effectively. If you must take supplements, make sure to do so with food.

—Isadora Fox

Tell Mommy Where It Hurts

Do your kids hate going to the doctor? Then perhaps not enough is being done to prepare them for and protect them from pain. According to the Pediatric Pain Awareness Initiative (PPAI), a group of doctors and other experts, there are a number of ways parents and physicians can numb the hurt and alleviate the distress that injections and other painful procedures can cause. However, a recent Gallup poll finds that 59 percent of physicians aren't offering adequate measures and almost half the parents surveyed didn't know they exist.

How can you make the hurt go away? There's always the tried-and-true kiss. The PPAI also suggests:



- Find out what procedures are planned and explain them truthfully to your child in advance.
- Request a topical anesthetic cream to numb skin before shots.
- Teach your kids to "blow pain away" by pretending to blow out birthday candles. The deep breaths keep their heart rates down.

For more tips, call the PPAI at 888-569-5555.

—Elena Rover



Depression hurts.

Depression isn't just feeling down. It's a real illness with real causes. Depression can be triggered by stressful life events, like divorce or a death in the family. Or it can appear suddenly, for no apparent reason.

Some people think you can just will yourself out of a depression. That's not true. When you're clinically depressed, one thing that can happen is the level of serotonin (a chemical in your body) may drop. So you may have trouble sleeping. Feel unusually sad or irritable. Find it hard to concentrate. Lose your appetite. Lack energy. Or have trouble feeling pleasure. These are some of the symptoms that can point to depression – especially if they last for more than a couple of weeks and if normal, everyday life feels like too much to handle.

To help bring serotonin levels closer to normal, the medicine doctors now prescribe most often is Prozac.® Prozac isn't a "happy pill." It's not a tranquilizer. It won't take away your personality. Depression can do that, but Prozac can't.

Prozac has been carefully studied for nearly 10 years. Like other antidepressants, it isn't habit-forming. But some people do experience mild side effects, like upset stomach, headaches, difficulty sleeping, drowsiness, anxiety and



Prozac can help.

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Brief Summary. Consult the package insert for complete prescribing information.

Indications: For the treatment of depression, obsessive-compulsive disorder (OCD), and bulimia nervosa.

Contraindications: Known hypersensitivity to Prozac.

Monoamine Oxidase Inhibitors—There have been reports of serious, sometimes fatal, reactions in patients receiving fluoxetine in combination with an MAOI and in patients who have recently discontinued fluoxetine and are then started on an MAOI. Some cases presented with features resembling neuroleptic malignant syndrome.

Wait at least 14 days between discontinuing an MAOI and starting therapy with Prozac. Because of the long half-lives of fluoxetine and its active metabolite, wait at least 5 weeks (or longer, if fluoxetine has been prescribed chronically and/or at higher doses) between discontinuing Prozac and starting therapy with an MAOI. Prozac should not be used concomitantly with MAOIs.

Warnings: *Rash and Possibly Allergic Events*—In US fluoxetine clinical trials, 7% of 10,782 patients developed various types of rashes and/or urticaria. Among the cases reported in premarketing clinical trials, almost a third of these discontinued therapy because of rash and/or associated systemic signs or symptoms. Reported in association with rash were fever, leukocytosis, arthralgias, edema, carpal tunnel syndrome, respiratory distress, lymphadenopathy, proteinuria, and mild transaminase elevation. Most patients improved promptly upon discontinuation of fluoxetine and/or adjunctive treatment with antihistamines or steroids, and all were reported to recover completely.

Of 2 patients who developed a serious cutaneous systemic illness during premarketing clinical trials, 1 was considered to have a leukocytoclastic vasculitis, and the other, a severe desquamating syndrome considered variously to be a vasculitis or erythema multiforme. Other patients have had systemic syndromes suggestive of serum sickness.

Since the introduction of Prozac, systemic events possibly related to vasculitis have developed in patients with rash. Although these events are rare, they may be serious, involving the lung, kidney, or liver. Death has been reported to occur in association with these systemic events.

Anaphylactoid events, including bronchospasm, angioedema, and urticaria alone and in combination, have been reported.

Pulmonary events, including inflammatory processes of varying histopathology and/or fibrosis, have been reported rarely. These events have occurred with dyspnea as the only preceding symptom.

Whether these systemic events and rash have a common underlying cause or are due to different etiologies or pathogenic processes is not known. Upon the appearance of rash or of other possibly allergic phenomena for which an alternative etiology cannot be identified, Prozac should be discontinued.

Precautions:—*General*—The following events occurred in controlled clinical trials. See Tables 1 and 2 also.

- *Anxiety and Insomnia*
- *Altered Appetite and Weight*—Significant weight loss may be an undesirable result of treatment. Weight change should be monitored during treatment of bulimia.
- *Activation of Mania/Hypomania*—In all US Prozac clinical trials, reported by 0.7% of 10,782 patients.
- *Seizures*—Introduce Prozac with care in patients with a history of seizures. In all US Prozac clinical trials, 0.2% of 10,782 patients reported convulsions.
- *Suicide*—Close supervision of high-risk patients should accompany initial drug therapy.
- *Long Elimination Half-Lives of Fluoxetine and Its Metabolites*—Because of the long elimination half-lives of the parent drug (1 to 3 days after acute administration and 4 to 6 days after chronic administration) and its major active metabolite (4 to 16 days after acute and chronic administration), changes in dose will not be fully reflected in plasma for several weeks, affecting both strategies for titration to final dose and withdrawal from treatment.
- *Use in Patients With Concomitant Illness*—Caution is advisable in patients with diseases or conditions that could affect metabolism or hemodynamic responses.
- *Interference With Cognitive and Motor Performance*—Patients should be cautioned about operating hazardous machinery, including automobiles, until they are reasonably certain that the drug does not affect them adversely.
- *Information for Patients*—Physicians should advise their patients to notify them if they:

– are taking or plan to take any prescription or over-the-counter drugs or alcohol
– become pregnant or intend to become pregnant during therapy
– are breast feeding an infant
– develop a rash or hives

- *Drug Interactions*

– Drugs Metabolized by P450IID6—Therapy with medications that are predominantly metabolized by the P450IID6 system, especially those that have a relatively narrow therapeutic index (eg, flecainide, vinblastine, and tricyclic antidepressants) should be initiated at the low end of the dosage range if a patient is receiving fluoxetine concurrently or has taken it in the previous 5 weeks. Alternately, the addition of fluoxetine to the treatment regimen of a patient already receiving a drug metabolized by P450IIO6 may require a decreased dose of the original medication.

– Drugs Metabolized by Cytochrome P450IIIA4—Data indicate that fluoxetine's extent of inhibition of cytochrome P450IIIA4 activity is not likely to be of clinical significance.

– CNS Active Drugs—Caution is advised. Consideration should be given to using lower initial doses of the concomitantly administered drugs, using conservative titration schedules, and monitoring of clinical status.

Anticonvulsants—Patients on stable doses of phenytoin and carbamazepine have developed elevated plasma anticonvulsant concentrations and clinical anticonvulsant toxicity.

Antipsychotics—Some clinical data suggest a possible pharmacodynamic and/or pharmacokinetic interaction between SSRIs and antipsychotics.

Benzodiazepines—The half-life of concurrently administered diazepam may be prolonged in some patients. Coadministration of alprazolam and fluoxetine has resulted in increased alprazolam plasma concentrations and in further psychomotor performance decrement due to increased alprazolam levels.

Lithium—There have been reports of both increased and decreased lithium levels and lithium toxicity.

Tryptophan—Five patients receiving tryptophan experienced adverse reactions, including agitation, restlessness, and gastrointestinal distress.

Monoamine Oxidase Inhibitors—See Contraindications.

Other Antidepressants—Previously stable plasma levels of imipramine and desipramine have increased greater than 2- to 10-fold when concomitantly administered with fluoxetine.

– Drugs Tightly Bound to Plasma Proteins—A shift in plasma concentrations or displacement of fluoxetine may result in adverse effects.

– Warfarin—Reports of altered anti-coagulant effects, including increased bleeding. Careful coagulation monitoring is recommended when fluoxetine is initiated or stopped.

– Electroconvulsive Therapy—Rare reports of prolonged seizures in patients on fluoxetine receiving ECT.

- *Carcinogenesis, Mutagenesis, Impairment of Fertility*—There is no evidence of carcinogenicity, mutagenicity, or impairment of fertility with Prozac.
- *Pregnancy—Pregnancy Category C*—In embryo-fetal development studies in rats and rabbits, there was no evidence of teratogenicity at doses of up to 1.5 and 3.6 times, respectively, the MRHD (maximum recommended human dose) of 80 mg on a mg/m² basis throughout organogenesis. In the surviving offspring of rats treated at 1.5 times the MRHD, there was no evidence of developmental neurotoxicity. However, in rat reproduction studies, an increase in stillborn pups, a decrease in pup weight, and an increase in pup deaths during the first 7 days postpartum occurred following maternal exposure to 1.5 or 0.9 times the MRHD on a mg/m² basis during gestation or gestation and lactation, respectively. Prozac should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.
- *Labor and Delivery*—The effect of Prozac is unknown. Prozac should be used only if the potential benefit justifies the potential risk to the fetus.
- *Nursing Mothers*—Prozac is excreted in human milk. Nursing while on Prozac is not recommended.
- *Pediatric Use*—Safety and effectiveness in pediatric patients have not been established.
- *Usage in the Elderly*—Evaluation of patients over age 60 who received Prozac, 20 mg, daily revealed no unusual pattern of adverse events relative to the clinical experience in younger patients. However, these data are insufficient to rule out possible age-related differences during chronic use, particularly in elderly patients with concomitant systemic illnesses or those receiving concomitant drugs.
- *Hyponatremia*—Hyponatremia (some cases with serum Na lower than 110 mmol/L) has been reported which appeared to be reversible on drug discontinuation. Some cases were possibly due to SIADH, and the majority have been in older patients and those taking diuretics or who were otherwise volume depleted.
- *Platelet Function*—Rare reports of altered platelet function and/or abnormal results from laboratory studies in patients taking fluoxetine. While there have been reports of abnormal bleeding in several patients taking fluoxetine, it is unclear whether fluoxetine had a causative role.

Adverse Reactions: It is important to emphasize that events reported during therapy were not necessarily caused by it.

Incidence in US Placebo-Controlled Clinical Trials (excluding data from extensions of trials)—Table 1 enumerates pooled data on treatment-emergent adverse events that occurred in 2% or more patients treated with Prozac and with incidence greater than placebo in the treatment of depression, OCD, or bulimia. See full prescribing information for table of treatment-emergent adverse events for each indication.

Table 1.

TREATMENT-EMERGENT ADVERSE EVENTS: INCIDENCE IN US DEPRESSION, OCD, AND BULIMIA PLACEBO-CONTROLLED CLINICAL TRIALS

	Percentage of Patients Reporting Event	
	Depression, OCD, and bulimia combined	
Body System/ Adverse Event*	Prozac (N=2444)	Placebo (N=1331)
Body as a Whole		
Headache	21	20
Asthenia	12	6
Flu Syndrome	5	4
Fever	2	1
Cardiovascular System		
Vasodilatation	3	1
Palpitation	2	1
Digestive System		
Nausea	23	10
Diarrhea	12	8
Anorexia	11	3
Dry mouth	10	7
Dyspepsia	8	5
Flatulence	3	2
Vomiting	3	2
Metabolic and Nutritional disorders		
Weight loss	2	1
Nervous System		
Insomnia	20	11
Anxiety	13	8
Nervousness	13	9
Somnolence	13	6
Dizziness	10	7
Tremor	10	3
Libido decreased	4	—
Respiratory System		
Pharyngitis	5	4
Yawn	3	—
Skin and Appendages		
Sweating	8	3
Rash	4	3
Pruritus	3	2
Special Senses		
Abnormal vision	3	1

*Included are events reported by at least 2% of patients taking Prozac, except the following events, which had an incidence on placebo ≥ Prozac (depression, OCD, and bulimia combined): abdominal pain, abnormal dreams, accidental injury, back pain, chest pain, constipation, cough increased, depression (includes suicidal thoughts), dysmenorrhea, gastrointestinal disorder, infection, myalgia, pain, paresthesia, rhinitis, sinusitis, thinking abnormal.
—Incidence less than 1%.



Associated With Discontinuation in US Placebo-Controlled Clinical Trials (excluding data from extensions of trials)—Table 2 lists the adverse events associated with discontinuation of Prozac treatment (incidence at least twice that for placebo and at least 1% for Prozac in clinical trials) in depression, OCD, and bulimia.

Other Events Observed In All US Clinical Trials—Frequent adverse events are defined as those occurring on 1 or more occasions in at least 1/100 patients; infrequent adverse events are those occurring in 1/100 to 1/1,000 patients; rare events are those occurring in less than 1/1,000 patients.

Table 2.

MOST COMMON ADVERSE EVENTS ASSOCIATED WITH DISCONTINUATION IN US DEPRESSION, OCD, AND BULIMIA PLACEBO-CONTROLLED CLINICAL TRIALS

Depression, OCD, and bulimia combined	Depression	OCD	Bul
—	—	Anxiety (2%)	
Insomnia (1%)	Insomnia (1%)	—	Insom
—	Nausea (1%)	—	
Nervousness (1%)	Nervousness (1%)	—	
—	—	Rash (3%)	

Body as a Whole—*Frequent:* chills; *Infrequent:* chills and fever, fac… intentional overdose, malaise, pelvic pain, suicide attempt; *Rare:* a… syndrome acute, hypothermia, intentional injury, neuroleptic malignant s… photosensitivity reaction.

Cardiovascular System—*Frequent:* hemorrhage, hypertension; *In*… angina pectoris, arrhythmia, congestive heart failure, hypotension, … myocardial infarct, postural hypotension, syncope, tachycardia, vascular … *Rare:* atrial fibrillation, bradycardia, cerebral embolism, cerebral … cerebrovascular accident, extrasystoles, heart arrest, heart block, pallor, … vascular disorder, phlebitis, shock, thrombophlebitis, thrombosis, va… ventricular arrhythmia, ventricular extrasystoles, ventricular fibrillation.

Digestive System—*Frequent:* increased appetite, nausea and … *Infrequent:* aphthous stomatitis, cholelithiasis, colitis, dysphagia, e… esophagitis, gastritis, gastroenteritis, glossitis, gum hemorrhage, hyperch… increased salivation, liver function tests abnormal, melena, mouth u… nausea/vomiting/diarrhea, stomach ulcer, stomatitis, thirst; *Rare:* bil… bloody diarrhea, cholecystitis, duodenal ulcer, enteritis, esophageal u… incontinence, gastrointestinal hemorrhage, hematemesis, hemorrhage … hepatitis, intestinal obstruction, liver fatty deposit, pancreatitis, peptic ul… hemorrhage, salivary gland enlargement, stomach ulcer hemorrhag… edema.

Endocrine System—*Infrequent:* hypothyroidism; *Rare:* diabetic … diabetes mellitus.

Hemic and Lymphatic System—*Infrequent:* anemia and ecchymo… blood dyscrasia, hypochromic anemia, leukopenia, lymphedema, lympl… petechia, purpura, thrombocythemia, thrombocytopenia.

Metabolic and Nutritional—*Frequent:* weight gain; *Infrequent:* dyh… generalized edema, gout, hypercholesteremia, hyperlipemia, hypo… peripheral edema; *Rare:* alcohol intolerance, alkaline phosphatase increa… increased, creatine phosphokinase increased, hyperkalemia, hyper… hypocalcemia, iron deficiency anemia, SGPT increased.

Musculoskeletal System—*Infrequent:* arthritis, bone pain, bursitis, le… tenosynovitis; *Rare:* arthrosis, chondrodystrophy, myasthenia, myopathy, … osteomyelitis, osteoporosis, rheumatoid arthritis.

Nervous System—*Frequent:* agitation, amnesia, confusion, emotion… sleep disorder; *Infrequent:* abnormal gait, acute brain syndrome, akathisi… ataxia, buccoglossal syndrome, CNS depression, CNS stim… depersonalization, euphoria, hallucinations, hostility, hyperkinesia, hy… hypesthesia, incoordination, libido increased, myoclonus, neuralgia, ne… neurosis, paranoid reaction, personality disorder,* psychosis, vertig… abnormal electroencephalogram, antisocial reaction, circumoral paresthes… delusions, dysarthria, dystonia, extrapyramidal syndrome, for… hyperesthesia, neuritis, paralysis, reflexes decreased, reflexes increased, s…

Respiratory System—*Infrequent:* asthma, epistaxis, hiccup, hyperv… *Rare:* apnea, atelectasis, cough decreased, emphysema, hem… hypoventilation, hypoxia, larynx edema, lung edema, pneumothorax, stridor.

Skin and Appendages—*Infrequent:* acne, alopecia, contact dermatitis … maculopapular rash, skin discoloration, skin ulcer, vesiculobullous ra… furunculosis, herpes zoster, hirsutism, petechial rash, psoriasis, purpu… pustular rash, seborrhea.

Special Senses—*Frequent:* ear pain, taste perversion, tinnitus; *In*… conjunctivitis, dry eyes, mydriasis, photophobia; *Rare:* blepharitis, … diplopia, exophthalmos, eye hemorrhage, glaucoma, hyperacusis, iritis, … scleritis, strabismus, taste loss, visual field defect.

Urogenital System—*Frequency:* urinary frequency; *Infrequent:* a… albuminuria, amenorrhea,† anorgasmia, breast enlargement, breast pain… dysuria, female lactation,† fibrocystic breast,† hematuria, leuk… menorrhagia,† metrorrhagia,† nocturia, polyuria, urinary incontinence … retention, urinary urgency, vaginal hemorrhage†; *Rare:* breast engo… glycosuria, hypomenorrhea,† kidney pain, oliguria, priapism,† … hemorrhage,† uterine fibroids enlarged.†

*Personality disorder is the COSTART term for designating nonag… objectionable behavior.

†Adjusted for gender.

Postintroduction Reports—Voluntary reports of adverse events … associated with Prozac that have been received since market introduction … may have no causal relationship with the drug include the following … anemia, atrial fibrillation, cerebral vascular accident, cholestatic … confusion, dyskinesia (including, for example, a case of buccal-lingual-m… syndrome with involuntary tongue protrusion reported to develop in a … female after 5 weeks of fluoxetine therapy and which completely resolve… next few months following drug discontinuation), eosinophilic pn… epidermal necrolysis, exfoliative dermatitis, gynecomastia, heart arres… failure/necrosis, hyperprolactinemia, immune-related hemolytic anem… failure, misuse/abuse, movement disorders developing in patients with n… including drugs associated with such events and worsening of pr… movement disorders, neuroleptic malignant syndrome-like events, pa… pancytopenia, priapism, pulmonary embolism, QT prolongation, Stevens … syndrome, sudden unexpected death, suicidal ideation, thrombo… thrombocytopenic purpura, vaginal bleeding after drug withdrawal, an… behaviors.

Overdosage: Prominent symptoms of overdose included nausea and vo… well as agitation, restlessness, hypomania, and other signs of CNS excita…

In managing overdosage, consider the possibility of multiple drug inv… A specific caution involves patients taking or recently having taken fluox… might have ingested excessive quantities of a TCA. Accumulation of t… tricyclic and an active metabolite may increase the possibility of clinically … sequelae and extend the time needed for close medical observation (… Antidepressants *under* Precautions).

Reports of death attributed to overdosage of fluoxetine alone h… extremely rare.

PV2471—DPP

Additional information available to the profession on request.

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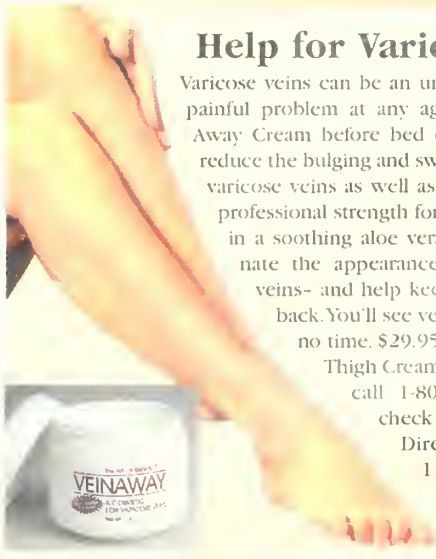
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Mouse by MAIL



Last year, thousands of consumers happily discovered that they could save hundreds of dollars by buying computer equipment via mail order instead of paying electronics-store prices. They also learned that some of the top-rated brands are available only through mail order. But follow these tips from the Direct Marketing Association before you place an order:

Research thoroughly. Start by reading computer and consumer magazines, and ask computer owners about their machines. Know what you're buying—return shipping fees are your expense.

Compare warranties and service options. Look for products covered by both manufacturer and vendor warranties as well as limited money-back guarantees. Also, try calling the technical-support lines—if you can't get through now, it probably won't be easier when you really need help.

Learn to negotiate. With this kind of catalog order, you can bargain. Besides comparing costs, consider the various software packages that come with new computers, and ask a company to match another package or beat a lower price.

—Arricca Elin SanSone

Mortgage Maintenance

Q: A mortgage company sent me an offer to subscribe to a biweekly payment program, promising to save me thousands of dollars in the process. Is there a catch?

A: With biweekly plans you make twenty-six mortgage payments annually, says Peter G. Miller, author of *The Mortgage Hunter* (HarperPerennial, 1997). That's the equivalent of thirteen payments per year, instead of the typical twelve. "Because you pay off the principal faster, you reduce your interest payments, which will save you money," he says. Only banks, savings and loans, and credit unions offer such payment programs as an option *before* you sign, so the notice was probably sent by a third-party broker who will require a $300 to $500 start-up fee, and also charge you other processing costs. You can accomplish the same savings—for free—by simply adding 10 percent of the principal payment to each monthly check. —Aimee Kendall

Debit-card DISASTERS

Many banks have started pushing customers to "upgrade" their ATM cards by sending out MasterCard and Visa debit cards that deduct funds directly from a bank account. They're accepted in most places where the credit logos are displayed, which means fewer trips to the ATM for cash. But there are some important caveats to consider. First, the bank is sometimes contacted for the money after the time of sale. So you can't assume that because the merchant accepts the card for payment, you have the funds to cover the purchase, warns Ken McEldowney, executive director of Consumer Action, a San Francisco-based consumer advocacy group. You might get charged a penalty for "bouncing." Also, like credit cards, many debit cards require only a signature. No longer having to punch in a PIN may seem convenient, but a thief will find your card easier to use. And while you can challenge purchases you didn't make, until the issue is resolved, those funds are gone from your account. —Anna Roufos

Lost baggage bargains

You may never find out what becomes of socks that disappear from the dryer, but if you lost personal possessions on a plane trip, chances are they're in Scottsboro, Alabama—and going cheap! The little town is the "Lost Luggage Capital of the World"—home to the Unclaimed Baggage Center, where mishandled luggage and left-behind carry-on items are sold for 50 to 80 percent below their replacement price. Some of the best buys: Rollerblades (which sell for $25); Canon Sure Shot cameras ($65); and designer clothing (Versace women's suits are a steal for under $75). Call 800-844-5753. —A.K.

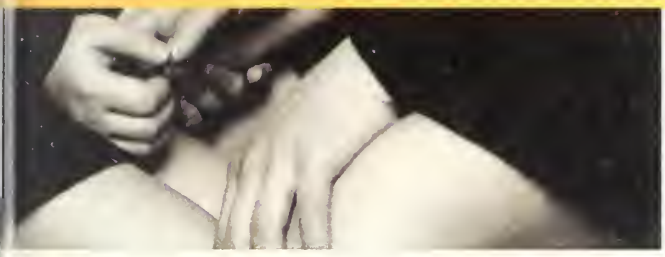








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The toughest Call

Umpire John Hirschbeck has put last year's controversial fight behind him. But his family's medical tragedy is a curveball he can't avoid

By Bernice Kanner

John Hirschbeck, a handsome man with sad hazel eyes, stands behind home plate. It's a cool March day, the start of spring training, and the forty-two-year-old American League umpire is savoring the sights and sounds of his twenty-second year in professional baseball.

But this preseason is different from any Hirschbeck has known before. It's his first time back on the field since the infamous fall of 1996, when Baltimore Orioles second baseman Roberto Alomar spat in his face during a dispute over a call.



John and Denise talk about John Drew often with Megan (left), Erin and Michael

Accustomed to anonymity, Hirschbeck was suddenly thrust into the media spotlight—and so was the tragedy that has haunted his family for five years. He used to call himself the luckiest man alive; now he's just trying to make sense of it all.

THE DREAM AND THE NIGHTMARE

As a senior at Central Connecticut State College in the winter of 1976, majoring in physical education, John Hirschbeck took a few months' break to attend umpire school in Florida. John was one of only two in his class of 142 who would be recruited to join the major leagues. (His younger brother, Mark, later became an umpire with the National League.)

During the regular season, Hirschbeck, like his sixty-four colleagues, works about 140 games, plus another twenty during spring training. The job is stressful—especially playing the crucial home-plate position—but also thrilling. "I've had a better view on spectacular plays than front-row seats," he says. The highlight of John's career: working the 1995 Braves-Indians World Series.

John met his wife, Denise, a flight attendant, in 1980, while umpiring winter league baseball in Puerto Rico. The couple married and two years later settled into Denise's small hometown of Poland, Ohio.

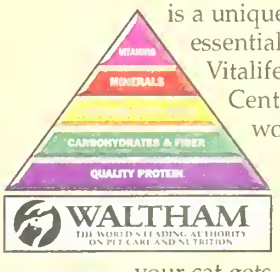
Now thirty-nine, Denise quit work when their son John Drew was born in 1984; their second child, Michael, followed two years later. Daughters Erin and Megan arrived in 1988 and 1991; their family complete, the Hirschbecks' lives seemed charmed. *(continued)*



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Among the tributes to John Drew's memory are this plaque at his school, a tree and two ball fields

THE TOUGHEST CALL

Continued

That bliss was shattered not long after Megan was born, when it became clear that something was terribly wrong with John Drew. The bright seven-year-old suddenly couldn't remember his name or age. His attention span wandered, and he couldn't sit still for long. Concerned, Denise took John Drew to a pediatric psychiatrist, who thought he might have attention deficit disorder and put him on Ritalin. But there was no improvement.

Further neurological tests revealed the definitive, tragic answer: John Drew had a very rare, incurable genetic disease called adrenoleukodystrophy (ALD). The disorder—which was brought to public awareness through the movie *Lorenzo's Oil*—causes the breakdown of myelin, the fatty insulation that protects nerve fibers. Gradually, patients suffer adrenal or neurological deterioration; some survive, but in the worst cases, they lose all ability to function.

The horror-stricken couple was then referred to Hugo Moser, M.D., director of neurogenetic research at the Kennedy Krieger Institute, in Baltimore. Moser's ALD blood test had helped the institute identify 3,000 ALD patients and carriers.

Moser examined John Drew and suggested that he go on a low-fat diet plus a daily dose of "Lorenzo's oil," a combination of oils that can help slow the progression of ALD by reducing the manufacture of the particular fatty acids that harm patients. Moser also referred John and Denise to the University of Minnesota Hospital and Clinic, in Minneapolis, to see about giving John Drew a bone marrow transplant. The procedure, still risky in ALD cases because the immune system is vulnerable, is nonetheless promising because it delivers a missing enzyme that protects the nerve cells.

Then, gently, compassionately, the doctor told them that five-year-old Michael also had ALD, and Denise, Erin and Megan were carriers of the gene. (They would later discover that the disease runs in Denise's family.) "Please, I beg you, say it's not true," John sobbed, falling to his knees. "Tell me I won't lose both my sons!" Moser tried to console the devastated couple, but he could not tell them what they wanted to hear.

A DEATH SENTENCE

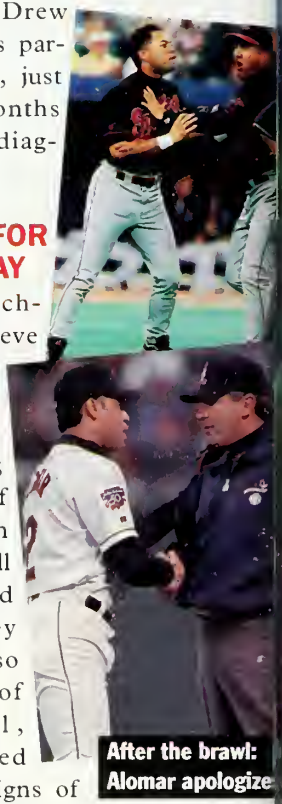
During most of that spring and summer, the Hirschbecks took the boys back and forth to Minnesota for tests and treatment. "I never sat John Drew down to tell him how seriously ill he was," says Denise. "I was in denial." But as she started reading and hounding doctors, the woman who once couldn't pronounce *adrenoleukodystrophy* became an expert on it.

An exact bone marrow match for John Drew was found, but the would-be donor developed hepatitis. By then, young John had deteriorated too far to try finding another donor. Time had run out.

The Hirschbecks then decided to put Michael on the list for a transplant, hoping to halt the disease before symptoms began. Ten-month-old Megan was chosen as the donor because her antigens were a perfect match. (She is one of only two ALD carriers to donate.) Michael survived the transplant, one of the few ALD patients to do so.

Meanwhile, John Drew rapidly declined, and became unable to control his bodily functions. "The last time he got excited was on Christmas Eve, 1992," John recalls, when his parents bought him a John Deere tractor—tractors had been one of his passions. His dad lifted him onto the cab for a ride as his mom recorde the moment on video. They have y to look at the tape.

Thinking John Drew would live least a few more months, th Hirschbecks made their annual mov to their condo in Florida in Marc 1993 for spring training. But o March 7, John had to find a replac ment umpire for that day's gam when his son developed a ragin fever and shortness of breath. seven-thirty that night, eight-yea old John Drew died in his parents' arms, just eleven months after his diagnosis.



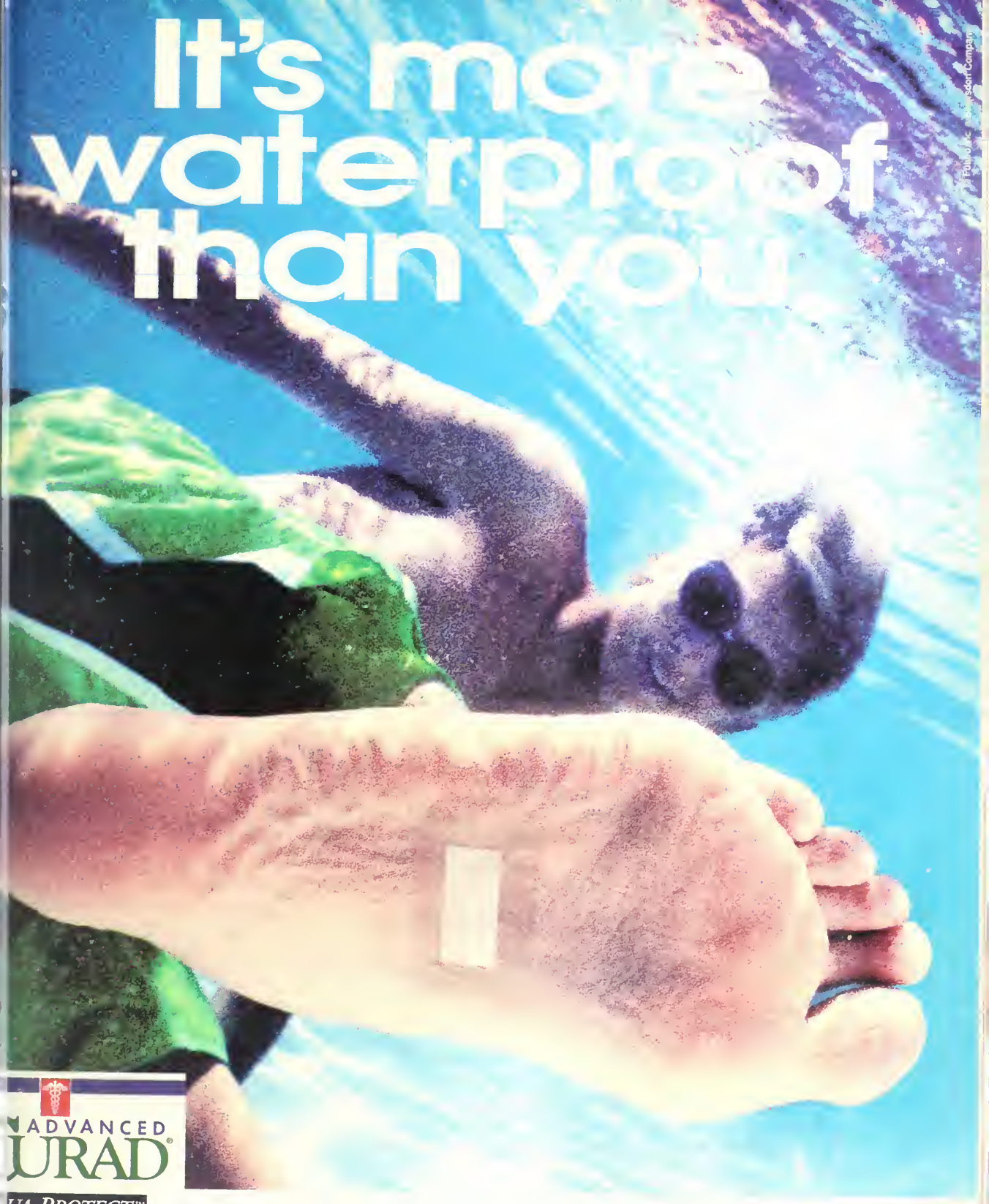
After the brawl: Alomar apologize

LIVING FOR EACH DAY

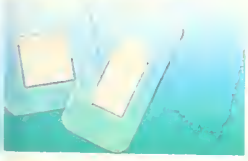
The Hirschbecks believe their life will never again be "normal"; the pain of losing John Drew is still keen, and now they must also think of Michael, who started showing signs of ALD in 1992. Each day, they gi him ten different types of pills, ph three tablespoons of Lorenzo's o John, Denise and her mother all we beepers, and one of the three alwa stays within a twenty-minute distan of Michael to respond if he has seizure (common in ALD patients).

There are some signs of hope: ten, Michael has already lived long than his older brother, although h IQ, platelet levels and vision have diminished slightly. Medically, he's limbo; his prognosis is uncertai "We focus on the fact that there ha been no real losses," says John. "W take things a day at a time."

The family recognizes that th may not have Michael *(continue*



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THE TOUGHEST CALL

Continued

much longer, "but that just makes us want to enjoy him more now," says Denise. The children often talk about John, as well as Michael's vulnerability. "Even if Michael dies, we will make it," says John. "I can't not be there for Denise, Megan and Erin. I can't let them down."

Megan, now five, and Erin, eight, know that Megan helped prolong Michael's life, but only Erin is beginning to realize that she carries the disease. "We'll strongly advise them against having children," says John.

THE SPIT SEEN 'ROUND THE WORLD

Throughout it all, baseball has been good to John Hirschbeck. He took a year's leave from the game (with full pay) after his boss told him to go care for his family, saying his job would still be there when he was ready to come back.

Even the curveball of the notorious Roberto Alomar incident hasn't swayed John's loyalty. He's faced worse abuse on the job: In Puerto Rico, rowdy crowds often threw oranges, rocks and bottles on the field. By comparison, the brawl at the 1996 Blue Jays–Orioles game was mild. In the first inning, Alomar took a pitch that John pronounced strike three. Alomar kept arguing the call on his way to the dugout; John warned him three times, then ejected him from the game. Alomar ran at John and spat. (Some reports have said that John provoked the player by cursing at him, but he denies this, saying, "Alomar and I remember it differently.")

What really tore at John was Alomar's accusation after the game that his son's death had affected his ability to judge a game fairly. It's a situation John has painstakingly tried to avoid. "My children's health problems have never affected my judgment," he insists. "They just made me work even harder to concentrate."

John didn't learn about Alomar's remarks until a day later—and then he threatened violence against the ballplayer. "In hindsight, my temper got the best of me," he reflects. Denise reaches over to touch her husband's arm. "You did what anyone would have done," she assures him gently.

Along with his fellow umpires and many fans, John also feels that Alomar's punishment was too lenient: He received only five days' paid suspension. John says the game—and, indeed, the world—needs more discipline.

Still, John is ready to move on. When he worked his first game with Baltimore this season, Alomar shook his hand and apologized. The player and the Orioles donated a total of $100,000 to ALD research. "Maybe Robby Alomar's spitting on me will lead to a cure by publicizing the disease," says John. "In that case, he can do it again."

THEIR "SHINING STAR"

If there are silver linings from such tragedies, the Hirschbecks have found them. "It's made our m[a]riage stronger," John says. Den[i]se adds that it's taught them who th[e] true friends are—"the people w[ho] still want to talk about John, w[ho] let us know they haven't forgott[en] him." It's also made their comm[u]nity come together in loving tribu[te] Poland, Ohio, named two Pee-W[ee] League ball fields for John Drew[,] former player, and his class [at] Dobbins Elementary dedicated [a] berry tree to his memory. The [ac]companying plaque calls him "[a] shining star."

The cemetery they used to vi[sit] with foreboding "is now an extens[ion] of us, like our backyard," s[ays] Denise, who visits the grave w[ith] John almost every day. "Death is[n't] lot less scary to us now." And th[eir] faith is more enduring. John, [a] Catholic, says, "I need God m[ore] and pray to Him more. I know Jo[hn] is an angel in heaven and h[e]'s around us all the time."

Just as mementos of him are. [His] bronzed Nike sneakers have th[eir] own shelf in the living room. Pictu[res] of him dot the refrigerator do[or]. charcoal drawings and paintings ha[ng] in the dining room.

"We've been to hell, and we[']re coming back from it," says Jo[hn]. "Awful things happen to people, a[nd] this happened to us. Other childr[en] have been abducted or abused or s[uf]fer their last moments alone. We[']re thankful each day we have Michael.

"John [Drew] was losing ev[ery] day, but we were there with a[ll] for him," says Denise, her vo[ice] stifled by tears. "He gave us ma[ny] gifts with his laughter and joy. [He] made us realize that life is to [be] lived and enjoyed." ●

Bernice Kanner is the marketing columnist for Bloomberg Business Ra[dio]

LORENZO TODAY

Thirteen years ago, Michaela and Augusto Odone, a couple from Virginia, learned that their young son, Lorenzo, had ALD. Though they had no medical background, they developed a mixture of oils that helped slow the progress of the disease.

Today, the Odones are working with The Myelin Project, a Washington, D.C.–based research organization. (For information, call 800-869-3546.) The Hirschbecks keep in touch sporadically with the Odones to discuss ALD treatments. As for Lorenzo, now nineteen, he continues his fight, though he has limited movement. Michaela, with her son's approval, recently co-composed a song, "Lorenzo," with singer Phil Collins, and Collins is donating the royalties to The Myelin Project.

FOR INFORMATION

A fund has been set up for ALD studi[es]: The John Drew Hirschbeck Memorial Fund, ALD Research, Kennedy Krieg[er] Institute, Suite 503, 707 North Broad[way], Baltimore, MD 21205. Or call 410-550-9405.



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BRIEF SUMMARY

For Intranasal Use Only.

SHAKE GENTLY BEFORE USE.

The following is a brief summary only; see full prescribing information for complete product information.

CONTRAINDICATIONS: FLONASE Nasal Spray is contraindicated in patients with a hypersensitivity to any of its ingredients

WARNINGS: The replacement of a systemic glucocorticoid with a topical glucocorticoid can be accompanied by signs of adrenal insufficiency, and in addition some patients may experience symptoms of withdrawal, e.g., joint and/or muscular pain, lassitude, and depression. Patients previously treated for prolonged periods with systemic glucocorticoids and transferred to topical glucocorticoids should be carefully monitored for acute adrenal insufficiency in response to stress. In those patients who have asthma or other clinical conditions requiring long-term systemic glucocorticoid treatment, too rapid a decrease in systemic glucocorticoids may cause a severe exacerbation of their symptoms.

The use of FLONASE Nasal Spray with alternate-day systemic prednisone could increase the likelihood of hypothalamic-pituitary-adrenal (HPA) suppression compared with a therapeutic dose of either one alone. Therefore, FLONASE Nasal Spray should be used with caution in patients already receiving alternate-day prednisone treatment for any disease. In addition, the concomitant use of FLONASE Nasal Spray with other inhaled glucocorticoids could increase the risk of signs or symptoms of hypercorticism and/or suppression of the HPA axis.

Patients who are on immunosuppressant drugs are more susceptible to infections than healthy individuals. Chickenpox and measles, for example, can have a more serious or even fatal course in patients on Immunosuppressant doses of corticosteroids. In such patients who have not had these diseases, particular care should be taken to avoid exposure. How the dose, route, and duration of corticosteroid administration affects the risk of developing a disseminated infection is not known. The contribution of the underlying disease and/or prior corticosteroid treatment to the risk is also not known. If exposed to chickenpox, prophylaxis with varicella zoster immune globulin (VZIG) may be indicated. If exposed to measles, prophylaxis with pooled intramuscular immunoglobulin (IG) may be indicated. (See the respective package inserts for complete VZIG and IG prescribing information.) If chickenpox develops, treatment with antiviral agents may be considered

PRECAUTIONS:

General: Rarely, immediate hypersensitivity reactions or contact dermatitis may occur after the intranasal administration of fluticasone propionate. Rare instances of wheezing, nasal septum perforation, cataracts, glaucoma, and increased intraocular pressure have been reported following the intranasal application of glucocorticoids.

Use of excessive doses of glucocorticoids may lead to signs or symptoms of hypercorticism, suppression of HPA function, and/or suppression of growth in children or teenagers. Knemometry studies in asthmatic children on orally inhaled glucocorticoids showed inhibitory effects on short-term growth rate. The relationship between short-term changes in lower leg growth and long-term effects on growth is unclear at this time. Physicians should closely follow the growth of adolescents taking glucocorticoids, by any route, and weigh the benefits of glucocorticoid therapy against the possibility of growth suppression if an adolescent's growth appears slowed.

Although systemic effects have been minimal with recommended doses of FLONASE Nasal Spray, potential risk increases with larger doses. Therefore, larger than recommended doses of FLONASE Nasal Spray should be avoided.

When used at larger doses, systemic glucocorticoid effects such as hypercorticism and adrenal suppression may appear. If such changes occur, the dosage of FLONASE Nasal Spray should be discontinued slowly consistent with accepted procedures for discontinuing oral glucocorticoid therapy.

In clinical studies with fluticasone propionate administered intranasally, the development of localized infections of the nose and pharynx with *Candida albicans* has occurred only rarely. When such an infection develops, it may require treatment with appropriate local therapy and discontinuation of treatment with FLONASE Nasal Spray. Patients using FLONASE Nasal Spray over several months or longer should be examined periodically for evidence of *Candida* infection or other signs of adverse effects on the nasal mucosa.

FLONASE Nasal Spray should be used with caution, if at all, in patients with active or quiescent tuberculous infections; untreated fungal, bacterial, or systemic viral infections; or ocular herpes simplex.

Because of the inhibitory effect of glucocorticoids on wound healing, patients who have experienced recent nasal septal ulcers, nasal surgery, or nasal trauma should not use a nasal glucocorticoid until healing has occurred.

Information for Patients: Patients being treated with FLONASE Nasal Spray should receive the following information and instructions. This information is intended to aid them in the safe and effective use of this medication. It is not a disclosure of all possible adverse or intended effects.

Patients should be warned to avoid exposure to chickenpox or measles and, if exposed, to consult their physician without delay.

Patients should use FLONASE Nasal Spray at regular intervals as directed since its effectiveness depends on its regular use. A decrease in nasal symptoms may occur as soon as 12 hours after starting therapy with FLONASE Nasal Spray. Results in several clinical trials indicate statistically significant improvement within the first day or two of treatment; however, the full benefit of FLONASE Nasal Spray may not be achieved until treatment has been administered for several days. The patient should not increase the prescribed dosage but should contact the physician if symptoms do not improve or if the condition worsens. For the proper use of the nasal spray and to attain maximum improvement, the patient should read and follow carefully the patient's instructions accompanying the product.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Fluticasone propionate demonstrated no tumorigenic potential in studies of oral doses up to 1.0 mg/kg (3 mg/m² as calculated on a surface area basis) for 78 weeks in the mouse or inhalation of up to 57 mcg/kg (336 mcg/m²) for 104 weeks in the rat.

Fluticasone propionate did not induce gene mutation in prokaryotic or eukaryotic cells in vitro. No significant clastogenic effect was seen in cultured human peripheral lymphocytes in vitro or in the mouse micronucleus test when administered at high doses by the oral or subcutaneous routes. Furthermore, the compound did not delay erythroblast division in bone marrow.

No evidence of impairment of fertility was observed in reproductive studies conducted in rats dosed subcutaneously with doses up to 50 mcg/kg (295 mcg/m²) in males and females. However, prostate weight was significantly reduced in rats.

Pregnancy: ***Teratogenic Effects: Pregnancy Category C:*** Subcutaneous studies in the mouse and rat at 45 and 100 mcg/kg, respectively (135 and 590 mcg/m², respectively, as calculated on a surface area basis), revealed fetal toxicity characteristic of potent glucocorticoid compounds, including embryonic growth retardation, omphalocele, cleft palate, and retarded cranial ossification.

In the rabbit, fetal weight reduction and cleft palate were observed following subcutaneous doses of 4 mcg/kg (48 mcg/m²).

However, following oral administration of up to 300 mcg/kg (3.6 mg/m²) of fluticasone propionate to the rabbit, there were no maternal effects nor increased incidence of external, visceral, or skeletal fetal defects. No fluticasone propionate was detected in the plasma in this study, consistent with the established low bioavailability following oral administration (see CLINICAL PHARMACOLOGY section of full prescribing information).

Less than 0.008% of the dose crosses the placenta following oral administration to rats (100 mcg/kg, 590 mcg/m²) or rabbits (300 mcg/kg, 3.6 mg/m²).

There are no adequate and well-controlled studies in pregnant women. Fluticasone propionate should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. Experience with oral glucocorticoids since their introduction in pharmacologic, as opposed to physiologic, doses suggests that rodents are more prone to teratogenic effects from glucocorticoids than humans. In addition, because there is a natural increase in glucocorticoid production during pregnancy, most women will require a lower exogenous glucocorticoid dose and many will not need glucocorticoid treatment during pregnancy.

Nursing Mothers: It is not known whether fluticasone propionate is excreted in human breast milk. Subcutaneous administration of tritiated drug to lactating rats (10 mcg/kg, 59 mcg/m²) resulted in measurable radioactivity in both plasma and milk. Because other glucocorticoids are excreted in human milk, caution should be exercised when FLONASE Nasal Spray is administered to a nursing woman.

Pediatric Use: The safety and effectiveness of FLONASE Nasal Spray in children below 12 years of age have not been established. Oral glucocorticoids have been shown to cause growth suppression in children and teenagers with extended use. If a child or teenager on any glucocorticoid appears to have growth suppression, the possibility that they are particularly sensitive to this effect of glucocorticoids should be considered (see PRECAUTIONS).

Geriatric Use: A limited number of patients above 60 years of age (n=132) have been treated with FLONASE Nasal Spray in US and non-US clinical trials. While the number of patients is too small to permit separate analysis of efficacy and safety, the adverse reactions reported in this population were similar to those reported by younger patients.

ADVERSE REACTIONS: In controlled US studies, 2,427 patients received treatment with intranasal fluticasone propionate. In general, adverse reactions in clinical studies have been primarily associated with irritation of the nasal mucous membranes, and the adverse reactions were reported with approximately the same frequency by patients treated with the vehicle itself. The complaints did not usually interfere with treatment. Less than 2% of patients in clinical trials discontinued because of adverse events; this rate was similar for vehicle and active comparators.

Systemic glucocorticoid side effects were not reported during controlled clinical studies up to 6 months' duration with FLONASE Nasal Spray. If recommended doses are exceeded, however, or if individuals are particularly sensitive or if in conjunction with systemically administered glucocorticoids, symptoms of hypercorticism, e.g., Cushing's syndrome, could occur.

The following incidence of common adverse reactions is based upon seven controlled clinical trials in which 536 patients (57 girls and 108 boys aged 4 to 11 years, 137 female and 234 male adolescents and adults) were treated with FLONASE Nasal Spray 200 mcg once daily over 2 to 4 weeks and two controlled clinical trials in which 246 patients (119 female and 127 male adolescents and adults) were treated with FLONASE Nasal Spray 200 mcg once daily over 6 months.

Incidence Greater than 1% (Causal Relationship Possible):
Respiratory: Epistaxis, nasal burning (incidence 3% to 6%); blood in nasal mucus, pharyngitis, nasal irritation (incidence 1% to 3%).
Neurological: Headache (incidence 1% to 3%).

Incidence Less than 1% (Causal Relationship Possible): ***Respiratory:*** Sneezing, runny nose, nasal dryness, sinusitis, nasal congestion, bronchitis, nasal ulcer, nasal septum excoriation.
Neurological: Dizziness.
Special Senses: Eye disorder, unpleasant taste.
Digestive: Nausea and vomiting, xerostomia.
Skin and Appendages: Urticaria.

Postmarketing Experience: In addition to the events from clinical trials, the following have been reported during postmarketing experience.

Hypersensitivity reactions, including angioedema, skin rash, edema of the face and tongue, pruritus, urticaria, bronchospasm, wheezing, dyspnea, and anaphylaxis/anaphylactoid reactions, which in rare instances were severe.

Alteration or loss of sense of taste and/or smell and, rarely, nasal septal perforation.

OVERDOSAGE: There are no data available on the effects of acute or chronic overdosage with FLONASE Nasal Spray. Intranasal administration of 2 mg (10 times the recommended dose) of fluticasone propionate twice daily for 7 days to healthy human volunteers was well tolerated. Single oral doses up to 16 mg have been studied in human volunteers with no acute toxic effects reported. Repeat oral doses up to 80 mg daily for 10 days in volunteers and repeat oral doses up to 10 mg daily for 14 days in patients were well tolerated. Adverse reactions were of mild or moderate severity, and incidences were similar in active and placebo treatment groups. Acute overdosage with this dosage form is unlikely since one bottle of FLONASE Nasal Spray contains approximately 8 mg of fluticasone propionate. Chronic overdosage may result in signs/symptoms of hypercorticism (see PRECAUTIONS).

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PRETTIEST SMALL TOWN IN AMERICA CONTEST—OFFICIAL RULES *As seen on page*

The contest will be judged by Nora Crampton, author of *The Best 100 Towns in America*; Betsy Gotbaum, executive director of the New-York Historic Society; Fred Koetter, dean of architecture at Yale University; and Elizabeth Plater-Zyberk, dean of the University of Miami School of Architecture and the architect who designed the Seaside community in Florida.

NO PURCHASE NECESSARY. ONLY U.S. TOWNS WITH POPULATIONS OF 25,000 OR UNDER AS OF JUNE 1 ARE ELIGIBLE

1. On a 3½x5-inch postcard, print or type the following information: your name, address, city, state, ZIP code, phone number, occupation, nominated town, town's population and how long you've lived there, and signature. Write the appropriate number on the postcard (see rule number 4). Attach an essay describing your town and why you think it deserves recognition as America's prettiest (100 to 250 words), and include photographs (and, if possible, a videotape) of your town, particularly showing the town/shopping districts, residential areas, and parks and other public places. Also tell us to whom you designate the prize money and to what purpose the winnings would be put. Examples: The designee could be a civic organization, a beautification committee or a local government agency, that would use the money to plant trees or restore a historic public building.

2. Mail entry to LADIES' HOME JOURNAL, Prettiest Small Town in America Contest, 125 Park Avenue, New York, NY 10017. Entries must be received by August 15, 1997. No responsibility is assumed for lost, late, incomplete or misdirected mail. The prize will be awarded in any prize-notification letter returned as undeliverable or not responded to within ten (10) days of receipt may be awarded to an alternate winner. One entry per family or household allowed.

3. The contest is open to any resident of the U.S. who is 18 years of age or older, except employees of Meredith Corporation, its agencies, affiliates and subsidiaries.

4. The prizes: One grand-prize winner and three runners-up will be chosen—one from each of the following four regions of the United States: the East (CT, DE, MA, MD, ME, NH, NJ, NY, PA, RI, VA, VT, WV); the Midwest (IA, IL, IN, KS, KY, MI, MN, MO, ND, NE, OH, SD, WI); the West (AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, WY); and the South (AL, AR, GA, FL, LA, MS, NC, OK, SC, TN, TX). The grand prize of $10,000 will be awarded to the civic organization, committee or local government agency designated in the winning entry. The award must be used on community improvements. Plaques, approximate retail value $60.00, will be awarded to the grand-prize winner as well as to the three runner-up towns.

5. All entries and materials submitted become the property of LADIES' HOME JOURNAL and will not be returned or acknowledged. The Prettiest Small Town in America will be judged 75 percent on aesthetics (the attractiveness of downtown shopping districts, of residential areas, of parks and other public places) and 25 percent on the content and originality of the essay and the effectiveness and originality of the proposed use of the grand-prize award. Entries must be original and not previously published. The winning town will be selected by a panel designated by LADIES' HOME JOURNAL. All decisions of the judges are final. We will enter into no correspondence or phone communication about the contest or judging.

6. The winning town will be selected and the entrant will be notified by mail by September 30, 1997. Prizes will be delivered on or about October 30, 1997. Entrant or a representative of the award recipient must consent to be available at the request of LADIES' HOME JOURNAL to participate and render services in photography, taping sessions and media interviews, where prohibited. Entrants also agree by entering the contest to grant LADIES' HOME JOURNAL the right to use the entrant's entry, name, photos and voice in connection with editorial, public relations, promotional and advertising purposes, unless prohibited by law. The winning entrants must sign an affidavit of eligibility, a Publicity Release (except where prohibited), and Assignment of all rights to LADIES' HOME JOURNAL within 10 days of notification. A representative of the grand-prize recipient must sign a confirmation that the award will be used for community improvements, as well as sign a Publicity Release (except where prohibited) authorizing use of the recipient's name in connection with editorial, public relations, promotional and advertising purposes, unless prohibited by law.

7. All federal, state and local laws and regulations apply. Void where prohibited. Applicable taxes are the sole responsibility of award recipients. Prizes are not exchangeable or transferable. No substitution of prizes except at the discretion of LADIES' HOME JOURNAL. For a list of winning towns (available October 30, 1997), send a separate self-addressed, stamped envelope to LADIES' HOME JOURNAL, Prettiest Small Town in America Winners List, 125 Park Avenue, New York, NY 10017.

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christie kicks back

Putting her tumultuous past behin her, **Christie Brinkley** enjoys he summer of love

By Melina Geros

hristie Brinkley has had plenty of trouble with men in her life, and this morning is no different. Standing in her living room, she is captivated by her two-year-old son, Jack. A picture-perfect toddler, Jack takes a swig of orange juice from his sippy cup—then spits it all over the rug.

"Jack, *no*!" says Brinkley. Jack smiles at his mother and does a repeat performance. "That's it, I'm taking the cup away!" she says to Jack, who wails loudly.

A few moments later, there is a tug at Brinkley's knee. "Up!" her son says sweetly, and presents her with a peace offering, a just-picked lilac. Mom, of course, melts.

Jack isn't the only Prince Charming in Brinkley's life these days. "Hi, darling!" Brinkley calls to her new husband, Peter Cook, who has just strolled into the kitchen. The thirty-eight-year-old architect looks like a cross between a modern-day cowboy and a Ralph Lauren ad. In a flash, Brinkley rushes into his arms and they kiss.

While happiness seems to abound in this Bridgehampton, Long Island, home, romance has certainly been a rocky road for the forty-three-year-old model. Her first marriage, to French illustrator Jean-François Allaux, ended in divorce in 1982. Her longtime boyfriend Olivier Chandon de Brialles, the champagne heir, died in a car accident in 1983. Her nine-year marriage to Billy Joel produced a daughter, Alexa, but ended in 1994. Most recently, and perhaps worst of all, Brinkley's brief marriage to real-estate developer and fellow helicopter crash survivor Ricky Taubman combusted in a nasty court battle in which she accused him of not repaying a $1.5 million loan.

The experience, says Brinkley, settling into her fluffy white couch, was the greatest challenge she's ever faced. "Everything that surrounded the divorce from *that guy I never should have married* was horrendous," she admits. "I just got through it one day at a time." Brinkley relied on the moral support from friends and family—as well as a daily stint of grueling exercise to pull her through. However devastating it was, Brinkley does feel the breakup prov ed a valuable lesson about love for eleven-year-old Ale "She learned that we can make some major mistakes come out okay," Brinkley explains. "We can have turn and crisis, but friends and family will help you throu And if you persevere, true love will come along."

Ironically, Brinkley's "true love" came along seven years before she was ready to claim him. Cook o kissed her at a party in her honor to celebrate her *Sp Illustrated* swimsuit calendar. But it wasn't until their tual friend, NBC reporter Jill Rappaport, played ste cupid—inviting them both over to her home late last w ter—that the arrow struck. "Peter and I looked at e other and the sparks flew," says Brinkley.

Cook took a similarly stealthy approach, arrangin group dinner through Rappaport, who conveniently sick at the last minute. "I was so nervous, but it was funny because he came to the door and we were in i tical outfits," Brinkley says. "We had on rust suede j ets, white shirts and black pants." It took just one din for the look-alikes to fall in love. "We dated each o from that moment on," she says.

Last September, the couple suddenly decided to married on the last day of summer in Brinkley's b yard. The bride, in a gorgeous white Armani suit, and groom, holding Jack in his arms, exchanged vows bene a gazebo designed by Cook. "He made the gazebo so we could take it with us and always have the spot w we were married," says Brinkley.

Considering the tumble she took after her last wedd wasn't Brinkley the least bit vow-shy? She takes a d breath before answering. "I know I made a *(contin*



"When things got really tough, I just looked at my kids and counted my blessings," says Brinkley



"We can have turmoil and crisis, but friends and family will pull you through," says Brinkley. "And if you persevere, true love will come along"

(continued) horrible mistake with *that guy*—I don't even like to say his name—and at the time I actually *felt* that I was making a mistake. It's almost like I went through with it just because I said I would. And I felt sorry for him in a way. But meeting Peter, I just *knew* it was right," she explains. So why didn't they just live together? "When someone like Peter asks you to marry him, you marry him," she says, laughing.

When asked if she plans on having more children, "I don't know" is all Brinkley will say. She denies the recent report in *The National Enquirer* that she had a miscarriage last July, as well as the rumors that she fears Cook will leave her if she is unable to get pregnant. "They [the *Enquirer*] said that I'm running around in maternity clothes! That's not an article I'm going to let pass very easily," she fumes. "But I have to check with my lawyers before I can say any more."

In the meantime, Brinkley is happy to set the record straight. "I have absolutely no concern that if I don't produce a child with Peter, that would cause a problem in our marriage," she says. "Because of his role with Alexa and Jack, he is completely fulfilled. He makes me understand that every single way he can."

In fact, Jack refers to Cook as "Dad," and Brinkley says he's being treated like Cook's son. "When we walk into stores, people actually say how much Jack looks like Peter," says Brinkley, adding that her new husband is also a good influence on Alexa. "Alexa is really close with her dad, but it is wonderful for her to see Peter and me together. It sets a nice example for her."

As for the quality of Brinkley's marriage, Harlequin Romance could learn a thing or two. Take, for example, her mischievous smile and long silence when asked about the most romantic thing Cook has ever done for her. "Well, I have a lot to choose from," she says. "Hmm. Well, *that's* too personal. Let's see. All right, I have one! One time I came home, and he had covered the whole bed with white roses and put a poem in the middle."

In light of Brinkley's fast-paced career these days, it's surprising that she has enough time for romance. She is launching a newsletter of health and beauty tips. She is also the spokesperson for Total Gym, a home-fitness machine, and she just landed a contract with Nu Skin, a direct-marketing cosmetics company.

The stress, however, does take its toll. "I am always battling the clock to squeeze everything into a day," she says. She has figured out one effective, if drastic, way to reduce the demands of the outside world—she changed her home phone number without telling anyone but her husband. "That way I'm not stuck with a list of people to call back," she explains.

For the most part, though, Brinkley manages her time according to her priorities. "You start with the kids. If you don't give your kids your undivided attention and really listen to their concerns, you can't be a good parent," she says. She is working to instill a strong sense of confidence in Alexa. "Self-esteem will give her the ability to say no and make choices. I'm always reminding her how well she thinks things through. As long as she trusts herself, she'll stay out of trouble."

For Brinkley, nothing is more important or fulfilling than time spent with her family. "In the mornings, Peter and Jack go make coffee together. Then they bring it back to bed, and we just sort of lie around for half an hour," she says. "We watch the *Today* show, and Jack likes waving to the people on TV. That, to me, is the good life, just to be able to hang out."

Of course, there is no better season to stop the clocks than summer. Brinkley organizes picnics and family activities like gardening. "We put the seeds in together," she says. "Jack loves it."

And while Brinkley doesn't seem like the most obvious Martha Stewart wannabe, summer brings it out in her. On her back deck, there rests a workbench covered with shells and beach glass. Here, she has spent hours gluing the shimmering shards onto boxes, personalized with the names "Jack" and "Alexa," only proving, once again, that she is a true artist when it comes to picking up the pieces of life and creating something new. •

Christie's Summer Slimmers

Keep It Simple
Rule number one, "Eat less, exercise more. There is no other way to do it," Brinkley says. "As I get older, I have to exercise a whole lot more and eat a whole lot less."

Plan, Plan, Plan
"If we have fish for dinner, I always make an extra piece, so it's there for lunch the next day," she says. "When I get hungry, that's just a nice piece of protein."

Avoid The Enemy
"I don't keep chocolate in the house," she says. "And if the kids have Easter candy or whatever, I make them hide it in their rooms so I don't cheat."

Learn From Your Children
"Alexa has no sweet tooth whatsoever," says Brinkley. "When I want one bite of dessert at a restaurant, and I say to her, 'Alexa, don't you want to order that?' she says, 'Nah!'"

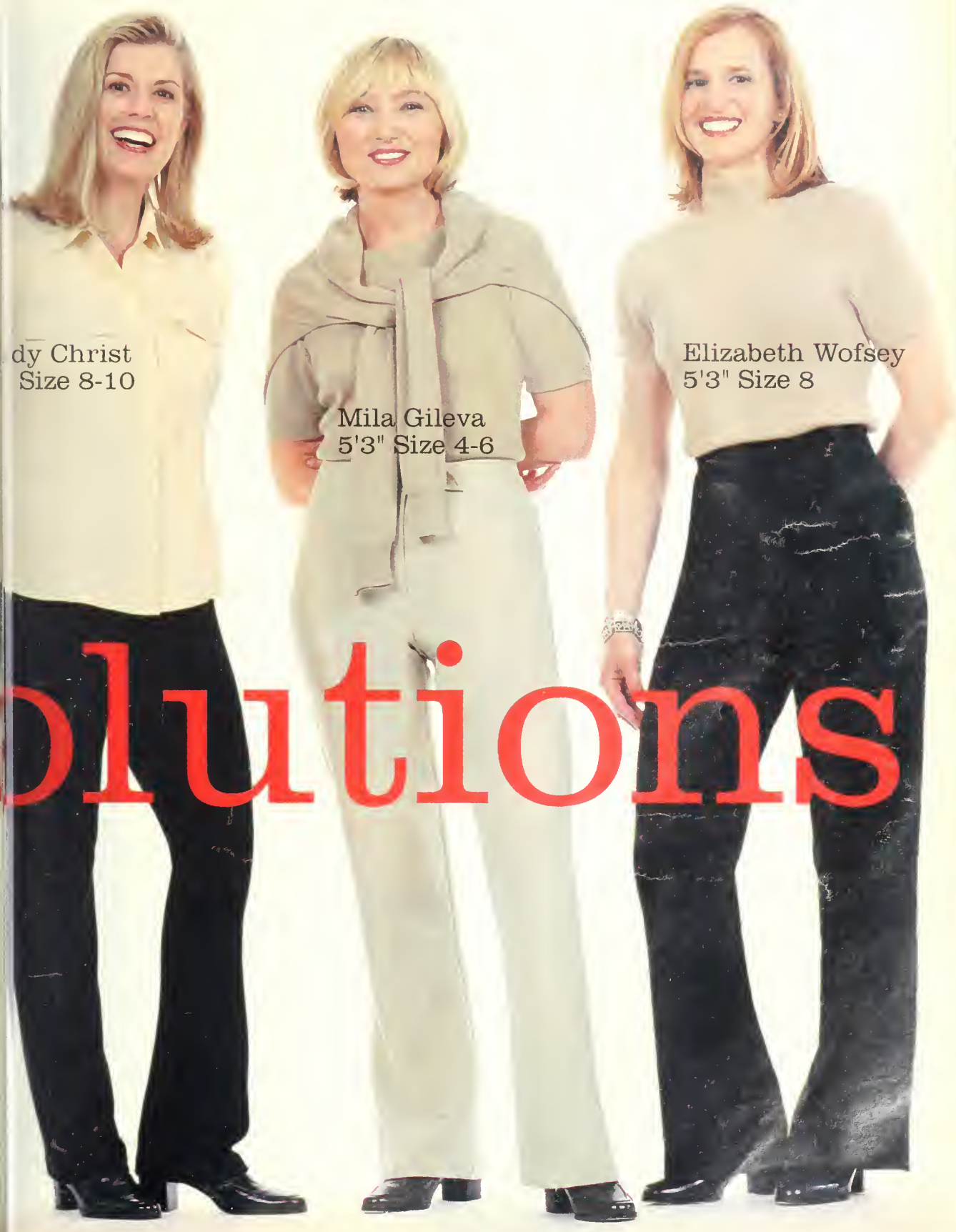
THESE SIX WOMEN may be differer

fail to flatter or flat-out don't fit. Sound familiar? Then turn th

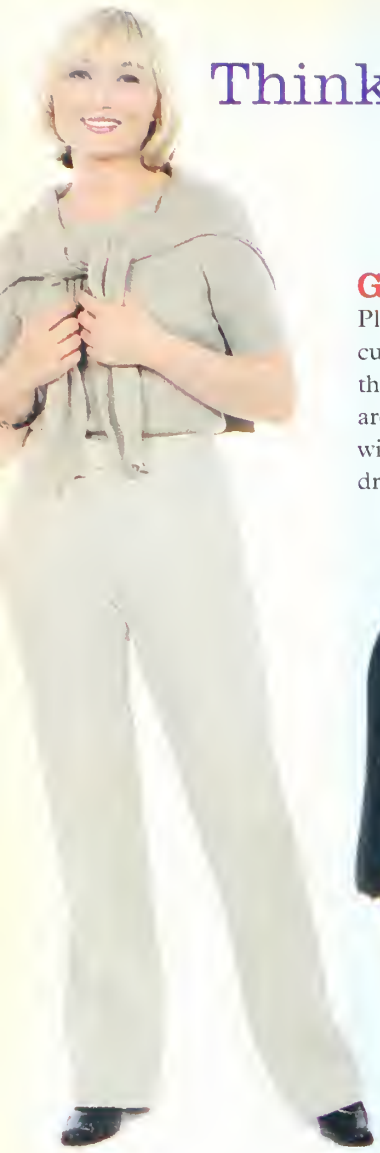


fittings

zes and shapes, but they share a single dilemma: Too often, pants
ge for our best bottom-line boosting tips.



Think stretchy FLARES are



SHORT LEGS

Long, flared pants, plus chunky two-inch-heel loafers, make Mila look leggier while the tone-on-tone top and bottom give her a generally taller appearance. Pants by XOXO, $42.

GENEROUS REAR

Pleats help control Donielle's curves by allowing more give through the hips. Helpful, too, are no rear pockets to interfere with fabric's smooth, slimming drape. Pants by Lands' End, $88.





STOMACH BULGE

With Trudy's tummy fullness hidden behind an untucked tailored shirt, attention goes to her trim thighs and long legs, which look even trimmer and longer in lean, stretchy pants. Pants by Brannon Studio, $80.

PEAR-SHA

A smooth, flat fro
minimizes Elizabe
womanly hips, wh
full-cut straight le
glide over her cur
without clinging.
by Esprit de Corps



rable? Think again.



HEAVY THIGHS

The dark navy color and vertical emphasis (due to pinstripes and pleats) camouflage Lisa's outer thighs while visually boosting her height. Pants by Halston Lifestyle, $78.

ALLOVER CURVES

Smooth tailoring suggests a trim silhouette, aided by the absence of pockets. And while a roomier cut in the thigh area eases over Sofia's fullness, the slight taper from the knees down creates an illusion of slimness. Pants by Banana Republic, $128.

FIT TIPS

Try-on suggestions to ensure comfort and flattery from Jimmy Newcomer, associate professor of fashion design at the Fashion Institute of Technology, in New York City

WAISTBAND Half an inch too snug and you'll get unsightly belly bulge, so be sure the waistband leaves breathing room for a big lunch. A partially elastic waistband can be a solution if you have a prominent tummy, or if your weight tends to fluctuate two to five pounds up and down.

CROTCH A general rule: The looser the pants, the lower the crotch should be; the tighter the pants, the higher. In straight-leg tailored pants, a 1¼-inch "crotch drop" looks and feels best.

REAR Pants (with the exception of jeans) should be roomier in back than in front and should never grab or cup the derriere. Be sure to check your rear view in a mirror before you buy.

HIPS Allow 1 to 2 inches of excess fabric at the hips (up to 4 inches extra if you wear plus sizes) to accommodate movements like sitting and to minimize creasing. In other words, if your hips are 38", you need pants that measure 40.

SHOPSMART

T IS *NOT* THE ONLY FACTOR:

Buy pants made from the best fabric you can afford. The better the aterial, the longer the pants will last—and a quality pair should see u through ten seasons or more.

Look for pants with a full or half lining to prevent stress points like at and knees from getting saggy.

Cuffs add weight to the pants leg so fabric falls smoothly. But they shorten legs slightly, so unless you're tall, avoid them.

For a good pair of wool pants, unless they are heavily soiled or a y pale color, dry-clean them after four or five wearings. In tween, remove surface dirt and lint with a brush after each wearing. ooth out wrinkles by steaming or pressing with an iron (using a ss cloth or cotton hanky), and reduce food and smoke odors by ing the pants near an open window.



THE TOWN T CLOS

As her seventeen-year-old daughter Leslie* ran down the steps in her sweats to shoot some baskets, Rosalind Faber* felt a familiar anxiety. It was never easy to let her daughter go out alone. Leslie Faber was retarded. With an IQ of 49, she fell in the bottom 1 percent of the population. Still, it comforted Ros to know that they lived in the sort of tranquil, protected place where the strong didn't prey on the weak. The Fabers had never regretted their move from New York City to the suburb of Glen Ridge, New Jersey (population 7,800), in 1964.

Glen Ridge was just the sort of peaceful community many Americans dream about but few can afford. Neat, spacious houses bordered immaculate cobblestone streets; the schools were good and the values of the community were solidly planted in family, country and free enterprise.

Opposite the basketball court in Cartaret Park where Leslie practiced her shots, Glen Ridge's championship baseball team was having an unsupervised preseason practice session. The stars of the high school's wrestling and football teams were also there, checking out the scene.

Leslie had known most of these guys all her life, but they had followed separate paths through childhood and adolescence—Leslie, friendless and alone; the boys, clustered in the most envied teenage clique in town. No matter



*Name has been changed.



Glen Ridge High's athletes Paul and Chris Archer (top row, from left), who had known Leslie all their lives, and teammate Bryant Grober (far right). Below: Twins Kevin and Kyle Scherzer were co-captains of the football team

Four high-school football heroes were charged with raping a mentally retarded girl as their companions watched. How could the pride of Glen Ridge High commit such a shocking crime?

By Bernard Lefkowitz

IAT

D ITS EYES

friendly she was, how desperately she yearned for gnition from her heroes, Leslie Faber could never through the wall that separated her from the cool She couldn't imagine being invited to one of the legry parties given by the Scherzer twins—Kyle and n, co-captains of the football team. If you got invited, owed that you belonged. You counted.

bout half an hour after Leslie began practicing, five of the boys, with Christopher Archer in the lead, their way toward the basketball court. Leslie knew and his brother, Paul, well. She really liked Paul—ed a kind smile, and he always treated her just like other girl. Chris, a year younger than Paul, had cold and a sly grin, but it was important to her to please Chris might say something nice about her to Paul.

ter chatting Leslie up for a while, Chris invites her for an impromptu party in the Scherzers' rec room. Leslie can't imagine why they would want her there—they've always called her retarded—but Chris tells her that Paul will be there and that he wants to go out with her.

The guys enter the Scherzer home, and Chris takes Leslie inside. On the way downstairs, she sees Kevin and Kyle's grandmother bustling about in the kitchen, which reassures Leslie. Chris leads her into the rec room and puts her on the sofa next to Bryant Grober. Leslie doesn't know him as well, but he is popular with the guys and the girls think he is really cute.

At first there is the hum of pleasantries, then, suddenly, an expectant silence. Thirteen young men are gathered around the sofa, some seated on folding chairs they have just set up. Chris leans over and whispers something to Leslie, and Bryant pulls off his pants and his *(continued)*

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(continued) underpants. A sophomore boy, who sees confusion in Leslie's eyes, turns to a friend and says, "Let's get out of here." In all, six young men eventually follow suit. Seven—Kyle and Kevin Scherzer, Bryant Grober, Paul and Chris Archer, and two of their friends and teammates, Peter Quigley and Richard Corcoran, Jr.—remain in the basement.

Leslie later remembers feeling a hand on her head, pushing her mouth down onto a penis. One boy calls her a whore. One boy reaches for a broom with a bright red handle. Another fishes through a pile of sports equipment and pulls out a bat. A voice says, "Stop. You're hurting her." Another voice says, "Do it more." "Everyone was laughing," Leslie remembers, "but I had tears coming out of my eyes." The boys tell her, "This has to be our secret. If you talk, you'll get kicked out of your school, and we'll tell your mother."

Nevertheless, Leslie waits outside the Scherzer house for Paul Archer, her dream date, to show up. He never does.

When Glen Ridge Detective Sheila Byron walked into the squad room on Monday, March 27, 1989, after a week's vacation, she could feel the tension. She was handed a slim file that began with the day Charles Figueroa, a high-school senior, told school officials that he had overheard students talking about a sexual encounter between several athletes and Leslie Faber, a retarded girl. Sheila was shocked, not only by what had occurred but by the names of those involved. They were popular, the best athletes in school. They came from good families: Their parents were the cream of Glen Ridge, active in church, social and civic circuits.

Sheila had never backed away from a challenging investigation. What exactly happened in the basement? Did Leslie say no? Did she even have the capacity to say no? The latter question was answered for Sheila later that afternoon when she interviewed Leslie. "Les," Sheila said, "do you want me to make these boys stop bothering you?" Not missing a beat, Leslie replied, "Yes. Please call their mothers and tell them they're bad boys."

With that answer, all the surface layers fell away, leaving at the core a mentally retarded, emotionally unguarded child. That's a child talking, Sheila thought. A first-grader.

At ten months old, Leslie Faber couldn't sit up. At four years, she couldn't manage to get a button into a buttonhole. Activities the other kids enjoyed didn't interest her. But she was unflaggingly cheerful, and she never cried for her mother. Give it time, said the pediatrician. But in kindergarten, the teacher suggested she be tested.

The results were imprecise. The Glen Ridge school system's Child Study Team chose to inform the Fabers that their daughter was neurologically impaired, a diagnosis that suggested at least a possibility of progress. Th did not mention that she met all the criteria for the cl sification of mental retardation. In 1976, when Leslie e tered the Glen Ridge school system, mainstreaming t disabled was the new approach, so Leslie was placed ir class with the other children.

But the other kids knew Leslie was different, and th exploited her. One afternoon, when five-year-old Les was looking for someone to play with, a few boys—incl ing the Scherzer twins—called her over. "Got somethi special for you, Les," one boy said, "something rea nice." It was a ballpoint pen, the tip coated with a d substance that the boys told her was chocolate. Taste they urged. When Leslie picked up the pen and cau the smell, she hesitated; she knew this wasn't candy. S didn't want to eat dog feces, but if that's what her frie wanted, she'd do it. She'd do anything for her friends.

As Leslie licked the pen, her eight-year-old sister, C ol*, happened by. Quivering with rage, she pulled Le into the house and told their mother what had happen Ros's first instinct was to call the boys' parents, but felt you shouldn't complain unless you had witnessed incident. Also, complaining would only draw attention Leslie's special condition. So instead she told Leslie to play with these boys. "But, Mommy," Leslie repli "they're my friends. They like me."

The boys are all laughing. One calls Lesl are finished, they tell her, "This has

A few weeks later, neighborhood boys molded m into the shape of a candy bar and told Leslie they wo be her best friend if she ate it. She did.

Another evening her father asked about the huge welts all over Leslie's arm.

"The boys were pinching me," she answered.

"Well, why didn't you tell them to stop?"

Head hanging, "I don't know," was all she could sa

In middle school, it was the same story. Leslie was odd kid out, the butt of all the jokes, the one who alw sat alone. In 1985, Leslie entered a special-education c at Columbia High School, functioning at a second-gr level. When she had not progressed by 1987, she retested: The diagnosis was now unavoidable, and L was reclassified as "educable mentally retarded" and rolled at West Orange High School, which had an all- self-contained class for retarded students. The school chologist noted that she "may be easily influenced by p and may not be fully aware of the consequences of her havior." School officials put it more bluntly: "We're c cerned about her being the victim of a sexual attack."

The behavior of the jocks in the Scherzer basem was hardly an anomaly. In junior high and in h school, they had wrecked the home of a classmate a

-of-control party, trashed the country club, ght liquor illegally and stolen some $600 from lbags at the fancy-dress Candy Cane Ball. None iis was a secret to police, parents or townspeople. arly as the eighth grade, teachers were describing in Scherzer's behavior as "compulsive, rude, disectful." Yet his difficulties were generally per-ed as normal growing pains. Kyle had similar blems. Paul, an average student with flashes of e-average intelligence, was described as a "fol-r." Paul's younger brother, Chris, displayed "a ency to hyperactivity." Many of these boys had emic problems, too. But the unstated policy at Ridge was, as one teacher put it, "Keep the kids moving and get them out of your hair."

he jocks quickly became veterans of the Glen e party scene, the essential components of which alcohol, a house with no adults present, and girls. unior year, jock parties followed a familiar pattern: le the young women chatted, the boys retreated to an-r room to watch a porn video. But the ultimate team rience went beyond looking at videos. It wasn't enough jock to get what he wanted from one of the girls he idered a sex toy. It was fun only if you could tell your mates about it, and better still if you could pass her o them. Some nights one of the jocks would go up-s with a girl and come down a little while later to

whore. When they e our secret."

are loudly to his buddies, "I just got a blow job." Then nod toward the stairs as if to say, "You're next in line ou want it." Other times a couple would go upstairs, some of the guys would follow them, stand outside a left partly ajar and watch them. They also liked to in shower stalls or outside windows where they could h the girls using the bathroom.

londay mornings in physical education, the guys would unt their sexual activities and voyeurism over the kend. "I'd hear it every week," the teacher said. "Their es to each other were loud enough so everyone could . You'd hear them, but as a teacher, what do you do?"

tudents at Glen Ridge High have to maintain at least a C-minus average to remain eligible for sports, none of the jocks had ever been threatened with dis-ification because of misbehavior.

et Kevin was notorious. One student remarked that as as the teacher's back was turned, Kevin would start 'He'd unzip his pants, expose himself, and then try to the girls in the front to turn around and look." One remembered that when the lights went on after a class , she saw Kevin smiling as his hands moved under his ıtpants. The teacher merely said in a mocking tone, ere's Kevin, with his hands down his pants."

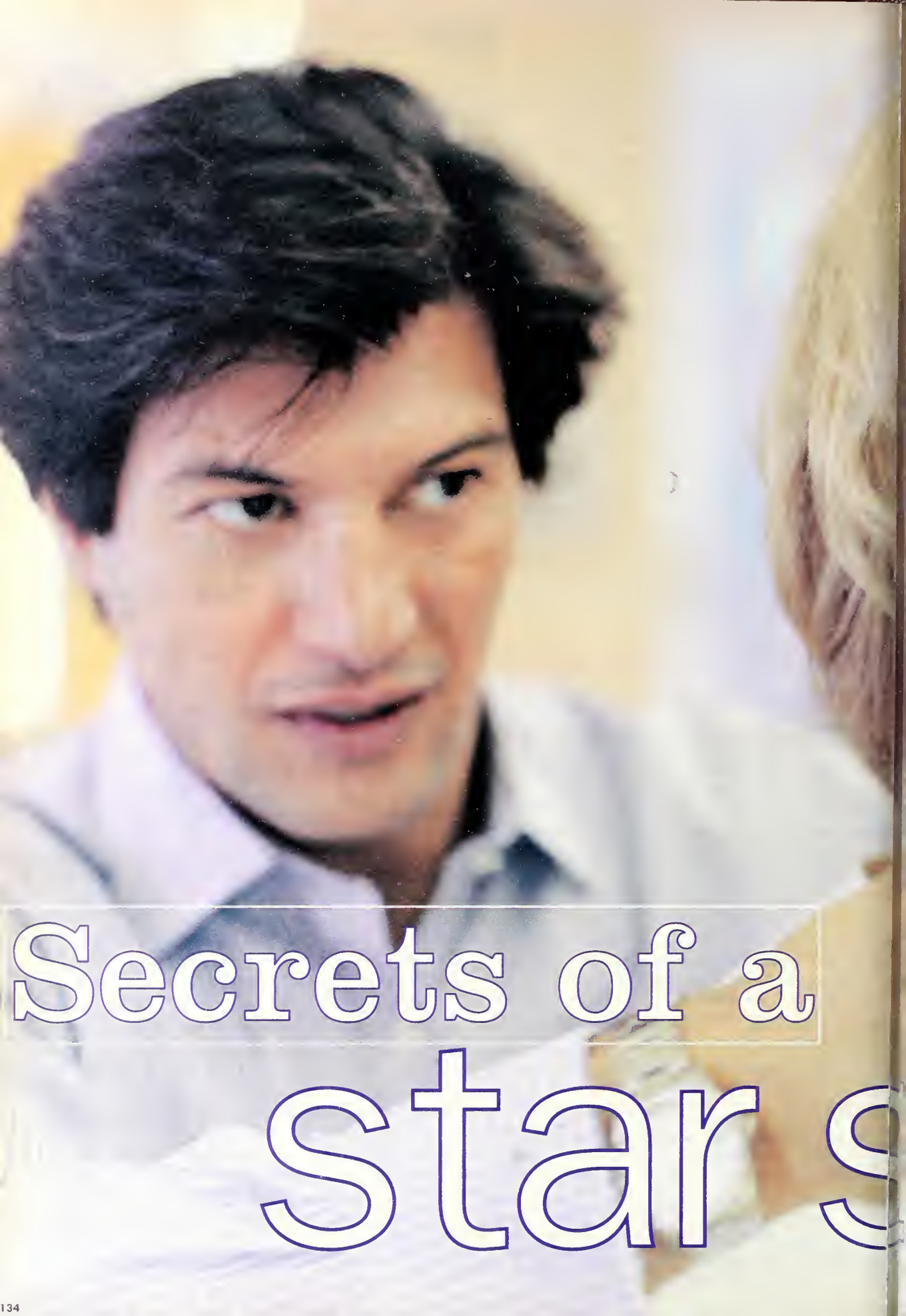


When a teacher did report such behavior to the vice principal, the boy was brought to the nurse with the explanation, "This kid might have crab lice. Call his mother."

It apparently didn't occur to school officials that this aberrant conduct might signal a need for psychological intervention. When Kevin and Kyle were selected as co-captains of the football team and Kyle was made captain of the baseball team, no administrator openly questioned whether they had the character to hold these positions.

By mid-March 1989, a number of people had heard about what happened in the Scherzers' basement. These included Leslie's parents (Leslie staunchly maintained to them that a boy had put his hand down her pants—nothing more); the swimming coach, a classroom teacher, the social worker and the principal at West Orange, where Leslie attended school; the social worker at Glen Ridge High School; and thirty or more Glen Ridge High athletes, male and female, and their friends.

The issue that would trouble *(continued on page 162)*



Secrets of a star s



ylist

He's the world's most sought-after stylist, a grand master with scissors and comb. Women gladly pay $290 for one of his haircuts—*if* they can get an appointment. But we were lucky enough to spend a day with Frédéric Fekkai at his elegant New York City salon. Here, in his own words, how to have hair you will love.
By Lois Joy Johnson

When you do Susan Sarandon's and Meg Ryan's hair, it always looks tousled to perfection. So how come most of us look messy, not sexy, when we shoot for the same style?

Frédéric Fekkai: You probably think that scrunching is enough to create a full, tousled head, when in fact, running your fingers *through* your hair, moving and lifting sections of strands while applying heat, *along* with scrunching, is what does it. You also have to have fine to medium hair, a bit of curl and a layered cut. And to get the hair to separate in small sections, you need to use a styling balm or mousse—a quarter-sized dollop applied to partially dried hair, and evenly distributed.

Is there a trick to figuring out what haircolor will look best?

FF: Skin tone always determines haircolor. Therefore, haircolor must be adjusted as factors like aging, your general health or stress level, even the seasons, affect your skin. Your skin may be ruddier in the *(continued)*



a cut above

"A limp, dated hairstyle makes a woman look tired—and older, too. For an ageless look, you need hair with real *attitude*!"

(continued) summer, for instance, or get more sallow as you get older. Generally, paler, grayer skin tones need warmer haircolor or highlights. I find that going with highlights instead of one color all over is an anti-ager.

Q: Will my hair really respond better if I switch shampoos every so often, or is that a myth?

FF: It's true. After a while, hair gets used to the particular formulation of ingredients or pH level of any given shampoo; alternate formulas, and your hair will suddenly wake up. Also, because some are designed to be moisturizing, deep cleansing or body building, different shampoos may make your hair look better or worse at different times, depending on the weather, the hardness of the water you're washing with, or your health.

Q: Can you think of one cut that would look great on most women?

FF: My signature hairstyle—the one Martha Stewart has, for example—works for many women. It's really a modified bob, with long, angled pieces and layers around the face that you can wear forward or pushed behind the ears. It can be adapted to suit every face—sometimes there's more bang; sometimes it's a little shorter or longer, with more or fewer layers. It's really very versatile. I think it would look great on Princess Di or Jane Fonda.

Q: When you have layers, how different in length should they be?

FF: When hair is layered well, the layers are gradual and blend together. And there aren't any noticeably layered portions isolated from the rest of the hair. The worst look is short layers on top with long sides!

Q: What do you say to all those women who still love their straight bob? Are they hopelessly out of date?

FF: Of course not! You see a lot of women keeping their bobs these days because the style fits what's happening in fashion. Very graphic or tailored clothes with a crisp shoulder line work well with a "tailored" haircut. Younger and fresher right now than a perfectly blunt bottom line is a bob with a subtly jagged edge. That, and/or a hint of layering, makes for a more updated look.

Q: How about wearing your hair long past age forty? Are women who do that just kidding themselves?

FF: Not at all. Long hair looks great at any age if you have good bone structure, are slim and if your hair is healthy. Still, I don't think hair that's *very* long is attractive—too much length, and there's not enough movement. Below the shoulders is long enough. For an everyday work solution, wearing long hair in a sleek ponytail looks classic.

Q: What if your hair is either really thin or very coarse or curly?

FF: Respect your hair texture! A lot of women make the mistake of getting a trendy cut that's really not suited for their hair type. If you have thin, fine hair, trying to overcompensate with a big-hair look will only end up making your scalp more visible. Instead, think about playing up shine and color, and go for a quiet cut—maybe something that's short and sleeked back behind the ears. If your hair is coarse or curly, don't fight it! Get a cut that will hold its shape and still look great on rainy, humid days.

Q: What's the best way to trim your own bangs?

FF: Buy a pair of hair scissors! Never use nail scissors or sewing shears—they just don't glide easily through the hair. Hold the scissors in an open V about a ½ inch. But don't cut across as if you're cutting paper! Instead, work slowly in small sections using a sliding motion to nip the tips. You want a feathery effect—the subtle microlayers will add body to the bangs. Use the line of your brows as a guide for length.

Q: It's every woman's biggest gripe: Her hair never looks as good when she blow-dries it as when her stylist does. What are we doing wrong?

FF: Probably the biggest mistake is not "over-directing" the hair. That's a term stylists use all the time; it's what we do when we wrap the hair around the brush right up to the roots, pulling gently and applying heat to the underside of the hair shaft. Over-directing gives flat hair a lift. Also, when you blow-dry, make sure you hold the dryer *above* the hair section you're working on with the air blasting down the shaft to the ends rather than up toward the scalp. Do this wrong, and you'll get that frizzy halo effect.

Q: If you could put together the perfect hair kit, what would be in it?

FF: There are really only five things that are absolute essentials: A wide-tooth comb to untangle wet hair to comb through conditioner; a flat paddle brush for brushing hair that's straight or has been blown smooth; a round brush to get a full, sleek look when blow-drying; a texturizing balm or cream gel that adds moisture and suppleness to hair; and a styling spray to add lift and give hair an invisible hold.



ess





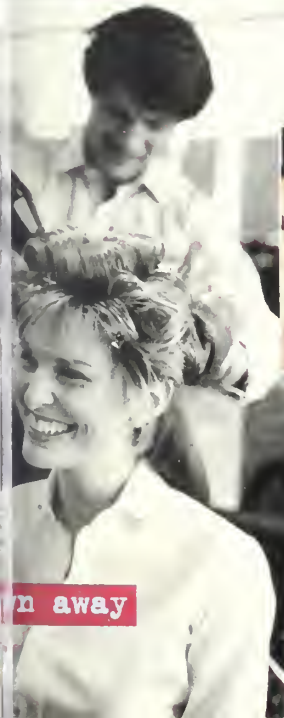
signature style

talking texture





body-building bangs

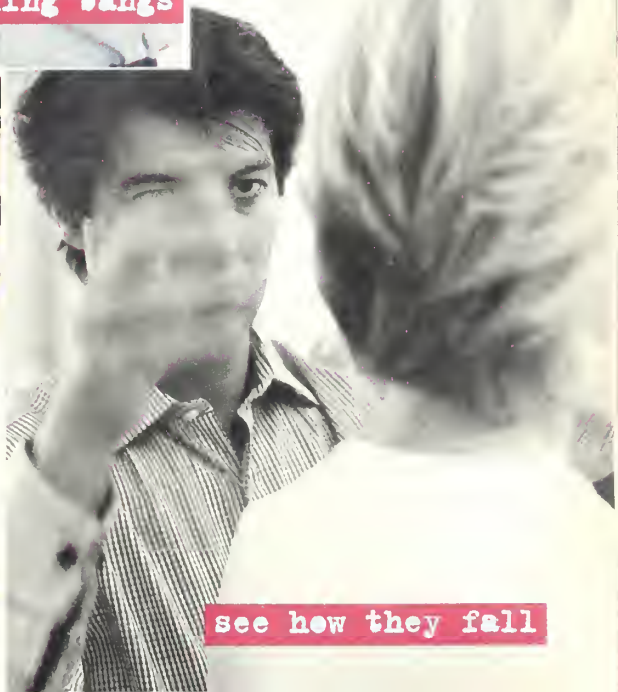




tools of the trade



n away



see how they fall

out on the

The breeze blows right in, the view is lovely and there are soft chairs for all. As these two families can tell you, what wraps around the house is really the heart of the home. Produced by Kimberlie A. Waugh



Sleeping bags for Hayden's slumber parties are stored in the ropero—the antique Mexican armoire. Luckily, the gently rocking hanging bed is big enough to fit several girls. Mother and daughter like to snuggle up in it, too!

porch



The little town outside Santa Fe where Laurie McFarlin lives with her daughter, Hayden, is called Tesuque, a Native American word that, loosely translated, means "low wet place where big trees grow strong." Her lush yard fits the description. From the expansive *portal* (New Mexicans use the Spanish word for "porch"), Laurie can sip her morning coffee while looking onto the stream that runs through her property and admiring the old apple trees, gentle willows and giant elms.

The setting is so beautiful, in fact, that when Laurie moved into the house two years ago (recently divorced, with practically no furniture and Hayden off at camp) she lived on the *portal* all summer long. She slept in the hanging bed and ate her meals on the outdoor dining table. Now that the 180-year-old adobe house is fully furnished, the *portal* is its focus. "This is where life happens," says Laurie.

On warm fall nights, twelve-year-old Hayden does her homework here. In spring and summer, she and her friends run from house to porch to pool. Comfortably accommodating the activity is a mix of sturdy Mexican antiques, graceful willow chairs and other contemporary pieces. The southwestern hues of the upholstery (dusty blues, yellows and roses) are set off by the bright flowers tumbling out of pots and baskets.

The space is perfect for entertaining; Laurie, an art investor, once hosted a friend's wedding here. But above all, she cherishes the *portal*'s simple pleasures. "Hayden and I watch the thunderstorms," she says. "There's nothing like being tucked in the bed, feeling warm and safe as the rain pours down."

out on the porch

Sitting on Sam and Gina Schirmer's front porch on Sullivan's Island, South Carolina, you can hear the waves breaking and watch the sunlight shimmering on the ocean. In this peaceful setting, it's hard to imagine Hurricane Hugo tearing through nearly eight years ago, ravaging the island and leveling the Schirmers' house.

The family fled before Hugo hit, and fortunately Sam, an insurance agent, had made sure they were adequately covered. The house, which dated from the '20s and had always been in the Schirmer family, took two years to rebuild. The Schirmers lived in a trailer on the property while the work was going on. "We couldn't stand to be away from the beach," Gina explains. Retaining the original floor plan, they added a second story and extended the downstairs porch so it wrapped around the front of the house. Now the porch is accessible not only from the family room but from the bedrooms of daughter Grayson, six, and son Hawkins, three. (Older son Sass, ten, has his own porch off his room.)

"The children have grown up on the porch," says Gina. There is hardly a day that doesn't find the whole family enjoying their outdoor haven—reading, coloring, lounging and watching boats (including the shrimp boat owned by Sam's father) pass by on the way to Charleston harbor.

For simplicity's sake, Gina, an interior designer, sticks to wood and wicker furniture that can take the salt air, covers the cushions in fade-resistant fabric and leaves it out all year long. (One December was so warm that the family served Christmas dinner outside.) "We have to repaint the furniture every year," she says, "and when the fabric gets rotten, we replace the cushions. But I don't want to worry myself to death moving things in and out of the house every time it rains."

At night, the moon shines across the water, while a lighthouse flashes its comforting beam. "It's a lovely place to sit," says Gina. "We all lead such hectic lives. But we get a sense of serenity here." —*Janet Bailey*




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FOOD JOURNAL®



on with Lime
urt Sauce and
achio Praline



Trio of Melon Ices

neydew Cooler



Beat The Heat

We hereby christen August Melon Mania Month, and to help you stay cool when it's steamy, we offer these three gorgeous desserts, each one sweetly refreshing. Got 15 minutes? We'll also show you how to whip up a satisfying meal in next to no time. Plus, you're invited to a few family reunions where great cooks show off their crowd-pleasing best

Trio of Melon Ices

Nothing could be easier than these summer refreshers—just dice the melon and freeze, then puree.

Prep time: 15 minutes plus chilling and freezing ▼▽○
Cooking time: 10 minutes

Cantaloupe Ice

1. Arrange *3 cups cubed ripe cantaloupe* on a 13x9-inch baking dish; cover and freeze overnight.
2. Combine *⅓ cup sugar* and *¼ cup water* in small saucepan; cover and boil 2 to 3 minutes. Uncover and simmer 5 minutes. Transfer syrup to glass measure; stir in *1 tablespoon lemon juice* and *⅛ teaspoon grated lemon peel.* Chill 45 minutes or overnight.
3. Puree frozen melon in food processor. With machine running, gradually add syrup. Process melon mixture until completely smooth. Serve immediately. *(Can be made ahead; freeze up to 1 week.)* Makes 2 cups.

Per half cup: 105 calories, 0 g total fat, 0 g saturated fat, 0 mg cholesterol, 11 mg sodium, 27 g carbohydrates, 1 g protein, 14 mg calcium

Honeydew Ice Prepare as directed except *substitute 3 cups cubed honeydew melon* for the cantaloupe and *1 tablespoon lime juice* and *⅛ teaspoon grated lime peel* for the lemon juice and peel.

Watermelon Ice Prepare as directed except *substitute 3 cups cubed watermelon, seeded,* for the cantaloupe and *1 tablespoon Campari* for the lemon juice and peel.

Per half cup for watermelon or honeydew: 110 calories, 0 g total fat, 0 g saturated fat, 0 mg cholesterol, 13 mg sodium, 26 g carbohydrates, 0 g protein, 8 mg calcium

Melon with Lime Yogurt Sauce and Pistachio Praline

Not your ordinary fruit cup! Colorful diced melon is topped with sweetened lime yogurt and a crunchy nut topping. To prevent the caramel in the praline from becoming too dark, use a heavy-bottom saucepan.

Prep time: 30 minutes ▼▽◒
Cooking time: 5 to 7 minutes

Pistachio Praline
½ cup sugar
½ cup shelled pistachios, toasted and chopped

Lime Yogurt Sauce
1 container (8 oz.) low-fat plain yogurt
2 tablespoons sugar
2 tablespoons fresh lime juice
¼ teaspoon grated lime peel

8 cups assorted ripe melon, cut into ¾-inch cubes (cantaloupe, honeydew, watermelon)

1. *Make Pistachio Praline:* Grease a small cookie sheet or jelly-roll pan. Melt sugar in small heavy saucepan over medium heat until golden, about 5 minutes. Stir to dissolve any lumps; cook until rich amber in color. Quickly stir in nuts. Immediately spread onto prepared pan and cool. Chop fine.
2. *Make Lime Yogurt Sauce:* Combine all ingredients in small bowl. Makes 1 cup.
3. Divide cubed melon among 6 serving dishes; top each with 2 tablespoons Lime Yogurt Sauce and sprinkle each with 2 tablespoons Pistachio Praline. Makes 6 servings.

Per serving: 250 calories, 7 g total fat, 1 g saturated fat, 2 mg cholesterol, 43 mg sodium, 45 g carbohydrates, 6 g protein, 102 mg calcium

Garlic Paste

Unlike minced garlic, garlic paste blends instantly in recipes and adds a touch of sweetness to salad dressings, marinades and dry rubs. For every clove of garlic, peel and coarsely chop with ¼ teaspoon salt. Transfer garlic and salt to a mortar and pestle and mash until smooth (or, mash mixture on cutting board with flat side of a large knife). Add to recipes as directed, but be sure to reduce any additional salt in the recipe accordingly.



Honeydew Cooler

A gorgeous fruit smoothie gets dressed up for dessert or cocktails with a touch of dry white wine. Serve over plenty of ice cubes, or stir in crushed ice.

Total prep time: 15 minutes ▼▽○

½ chilled ripe honeydew melon (2½ lbs.), peeled, seeded and cut into ¾-inch cubes (about 4½ cups)
1 cup white wine
½ cup water
½ cup sugar
3 tablespoons fresh lime juice
4 slices honeydew, for garnish (optional)

Combine melon, white wine, water, sugar and lime juice in blender. Puree until smooth. Pour into 4 tall serving glasses. Garnish with honeydew slices if desired. Makes 4 servings.

PER SERVING		DAILY GOAL
Calories	185	2,000(F), 2,500(M)
Total fat	0 g	60 g or less (F); 70 g or less (M)
Saturated fat	0 g	20 g or less (F); 23 g or less (M)
Cholesterol	0 mg	300 mg or less
Sodium	16 mg	2,400 mg or less
Carbohydrates	38 g	250 g or more
Protein	1 g	55 g to 90 g
Calcium	14 mg	800 mg (F); 800 mg (M)



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ROASTED GARLIC TERIYAKI MARINADE AND SAUCE

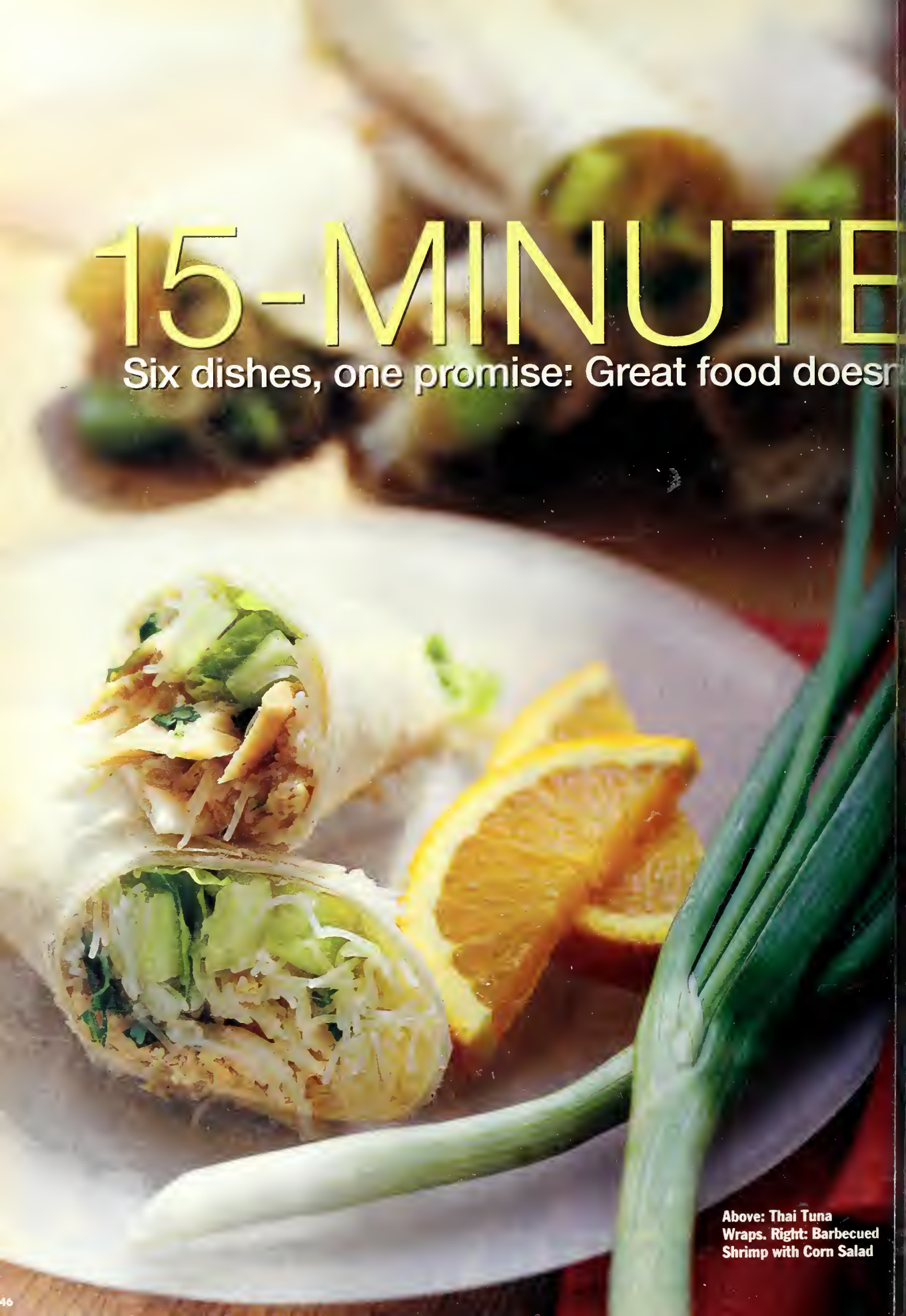


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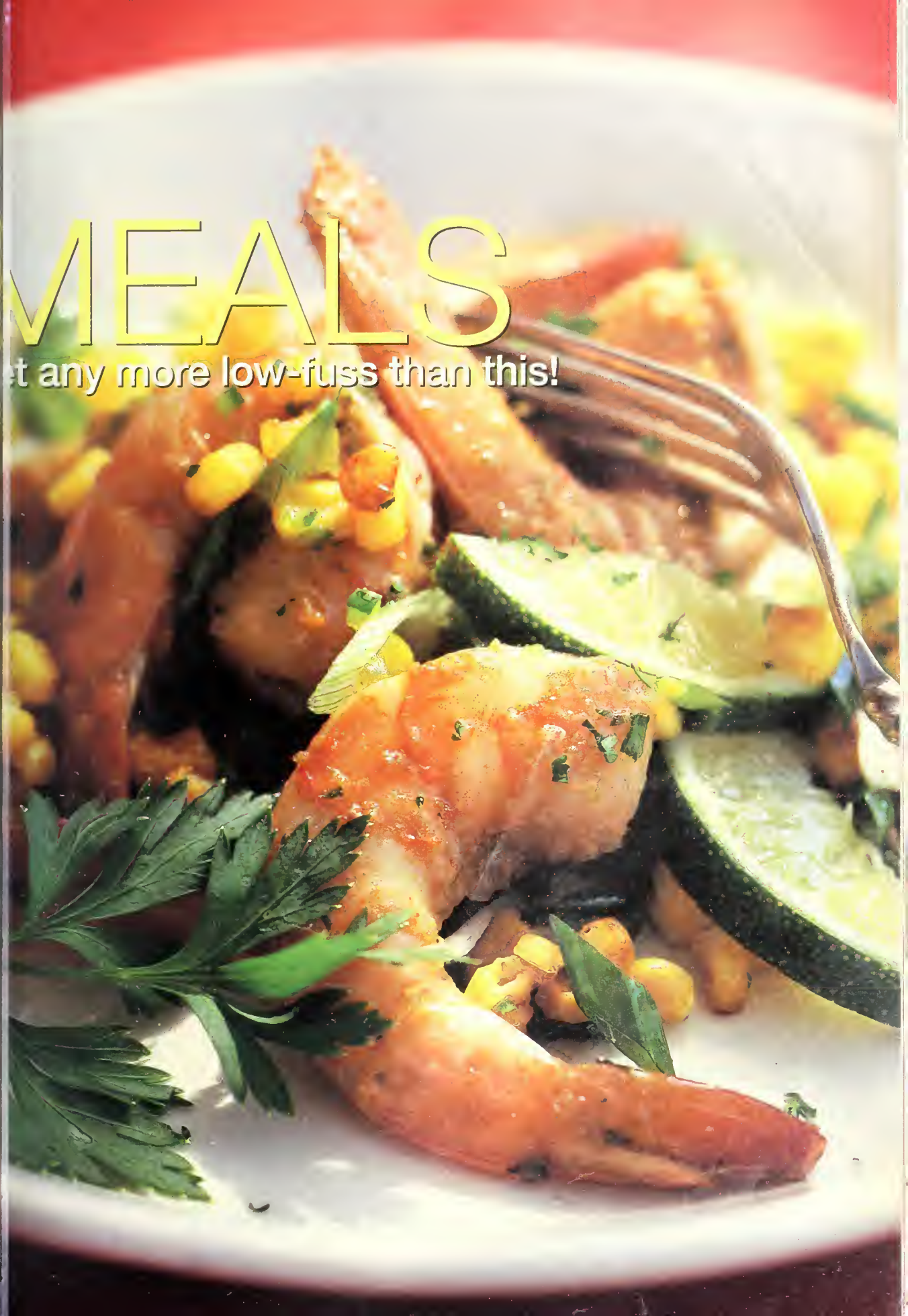
THE BIG SECRET IN THE LITTLE BOTTLE

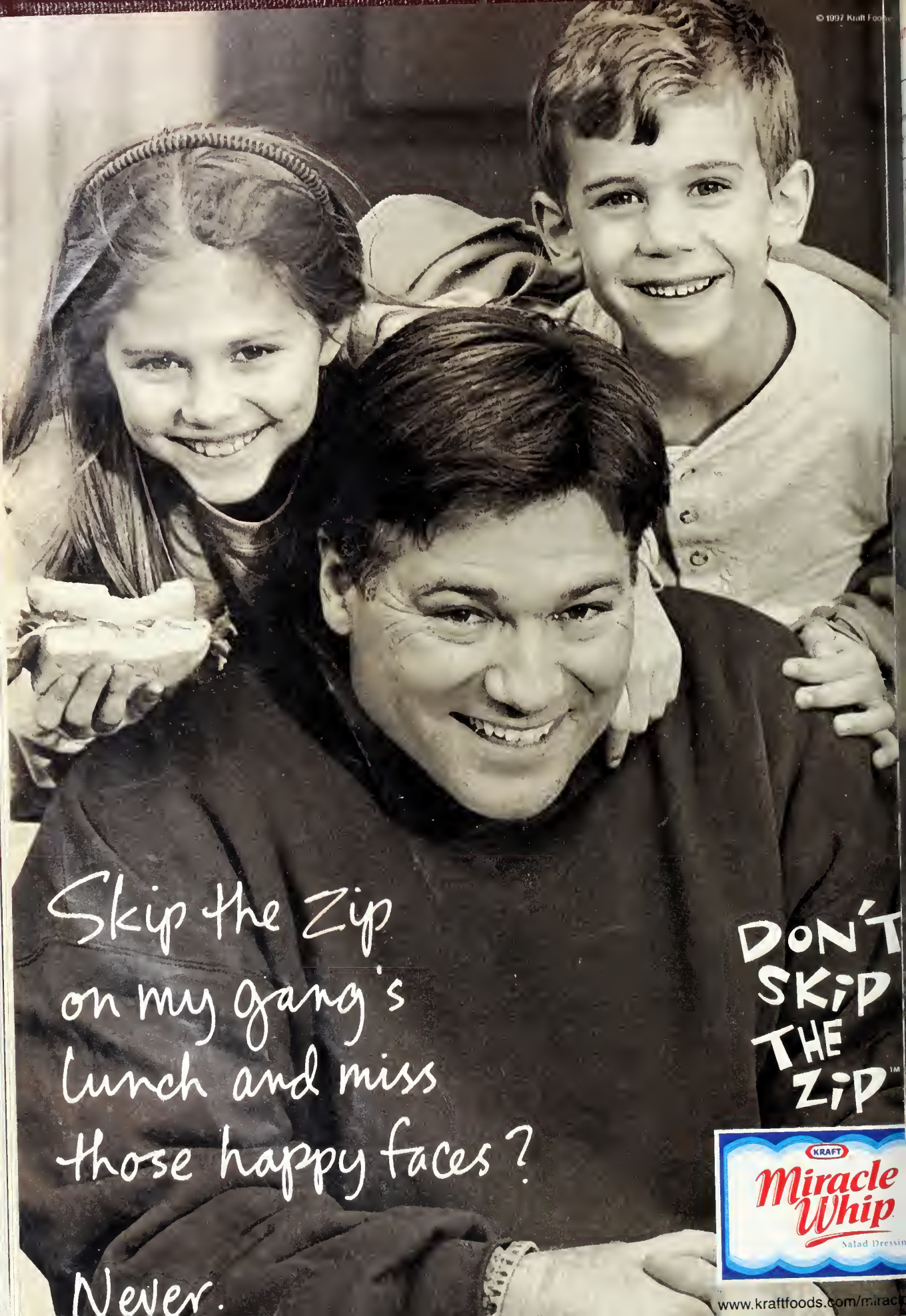
15-MINUTE

Six dishes, one promise: Great food doesn



Above: Thai Tuna Wraps. Right: Barbecued Shrimp with Corn Salad


MEALS
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O CHICKEN SALAD



ol, tropical main-dish salad is
l with cilantro-lime mayonnaise.
eady-to-eat roasted or rotisserie
1 and prepared sliced mango are
ays to trim time—look for the
1 the produce section of the
arket.

nent: grater, citrus juicer
rep time: 15 minutes ○ ▼

prepared fully cooked chicken
? lbs.)
mayonnaise
oon grated lime peel
poons fresh lime juice
onions, thinly sliced
chopped fresh cilantro
ño chile, minced, with seeds
oon salt
oon sugar
26 oz.) chilled mango slices,
ained and cut into chunks
10 oz.) mixed salad greens
ge (12 oz.) pita bread, cut into
edges

ove meat from chicken.
ly shred the chicken and discard
d bones.
bine mayonnaise, lime peel and
nions, cilantro, jalapeño, salt
gar in medium bowl.
chicken and mango into
naise mixture. Divide greens
6 serving plates; arrange ⅔ cup
1 salad on each. Serve with pita.
6 servings.

PER SERVING		DAILY GOAL
Calories	515	2,000(F), 2,500(M)
Total fat	16.5 g	60 g or less (F), 70 g or less (M)
Saturated fat	3 g	20 g or less (F), 23 g or less (M)
Cholesterol	80 mg	300 mg or less
Sodium	826 mg	2,400 mg or less
Carbohydrates	60 g	250 g or more
Protein	30 g	55 g to 90 g
Calcium	92 mg	800 mg (F), 800 mg (M)

BARBECUED SHRIMP WITH CORN SALAD

A cast-iron grill pan imparts real barbecue flavor to this zesty shrimp dish, and the corn salad, made with jalapeño, adds an extra blast of heat. Look for fresh or frozen ready-to-cook shelled and deveined shrimp.

Equipment: citrus juicer, large skillet, blender, large grill pan
Total prep time: 15 minutes ○

Corn Salad
- *4 ears fresh corn, shucked*
- *1 tablespoon olive oil*
- *1 small jalapeño chile, minced*
- *3 tablespoons fresh lime juice*
- *2 tablespoons chopped green onions*
- *¾ teaspoon salt*

Barbecued Shrimp
- *½ cup prepared salsa*
- *1 teaspoon plus 1 tablespoon olive oil*
- *1½ pounds shelled and deveined medium shrimp*
- *½ teaspoon salt*
- *¼ teaspoon freshly ground pepper*

Parsley and lime wedges, for garnish

1. *Make Corn Salad:* Cut kernels from corn cobs. Heat oil in large skillet over high heat; add corn and jalapeño. Cook, stirring frequently, 1 to 2 minutes until corn is lightly browned. Transfer to medium bowl; stir in lime juice, onion and salt.
2. *Make Barbecued Shrimp:* Puree salsa in blender. Brush large grill pan with 1 teaspoon oil. Heat pan over medium-high heat, 3 minutes. Toss shrimp with remaining oil, salt and pepper in medium bowl. Add shrimp to pan. Brush tops generously with half the salsa; cook 1 minute. Turn shrimp, drizzle tops with remaining salsa and cook 1 to 2 minutes more until just cooked through.
3. Divide shrimp and salad among 4 serving plates. Garnish with parsley and lime wedges, if desired. Makes 4 servings.

PER SERVING		DAILY GOAL
Calories	310	2,000(F), 2,500(M)
Total fat	11.5 g	60 g or less (F), 70 g or less (M)
Saturated fat	1.5 g	20 g or less (F), 23 g or less (M)
Cholesterol	259 mg	300 mg or less
Sodium	1,266 mg	2,400 mg or less
Carbohydrates	15 g	250 g or more
Protein	36 g	55 g to 90 g
Calcium	98 mg	800 mg (F), 800 mg (M)

(continued)

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TOMATO-MOZZARELLA POLENTA WITH PROSCIUTTO



Slices of ready-to-cook polenta (available in supermarkets in 16-ounce plastic tubes) are placed on thick, juicy pieces of vine-ripened tomato and topped with melted fresh mozzarella with a side of sliced prosciutto ham.

Equipment: large nonstick skillet, garlic press
Total prep time: 15 minutes ○

Tomatoes
- *1 clove garlic, peeled*
- *2 tablespoons extra-virgin olive oil*
- *1 tablespoon balsamic vinegar*
- *½ teaspoon salt*
- *⅛ teaspoon freshly ground pepper*
- *¼ cup packed fresh basil leaves, thinly sliced*
- *1 large (12 oz.) beefsteak tomato, cut into eight ¼-inch-thick slices*

Polenta Rounds
- *1 tablespoon extra-virgin olive oil*
- *1 package (16 oz.) prepared plain polenta, cut into 8 equal slices*
- *¼ teaspoon salt*
- *⅛ teaspoon freshly ground pepper*
- *½ pound fresh mozzarella, cut into 8 equal slices*

16 thin slices (8 oz.) prosciutto ham
Basil leaves, shredded, for garnish (optional)

1. *Make tomatoes:* Press garlic through a garlic press. In small bowl whisk oil, vinegar, salt, pepper and garlic; stir in basil. Arrange two tomato slices on each of 4 serving plates; pour dressing over tomatoes and turn to coat.
2. *Make Polenta Rounds:* Meanwhile, heat oil in large nonstick skillet over medium heat. Add polenta; sprinkle tops with salt and pepper. Cook 3 to 4 minutes per side, until golden. Top each round with a slice of mozzarella; cover and cook 2 minutes more, just until cheese starts to melt.
3. *To serve:* Top each tomato slice with a polenta round, then arrange 2 slic prosciutto on each plate. Garnish w additional shredded basil, if desired. Makes 4 servings.

PER SERVING		DAILY GOAL
Calories	415	2,000(F), 2,500(M)
Total fat	26.5 g	60 g or less (F); 70 g or less
Saturated fat	2.5 g	20 g or less (F); 23 g or less
Cholesterol	63 mg	300 mg or less
Sodium	1,181 mg	2,400 mg or less
Carbohydrates	23 g	250 g or more
Protein	21 g	55 g to 90 g
Calcium	137 mg	800 mg (F); 800 mg (M)

JERK STEAKS WITH ZUCCHINI SALAD AND COUSCOUS



Brushed on top, hot and spicy Jamaican jerk sauce gives these pan-grilled minute steaks an instant flavo boost. Curry-scented couscous and a lemony zucchini salad round out the hearty meal.

Equipment: garlic press, medium saucepan, large grill pan, small kitchen brush, grater
Total prep time: 15 minutes

Couscous
- *2 tablespoons olive oil*
- *2 cloves garlic, peeled*
- *1 medium onion, chopped*
- *½ teaspoon salt*
- *1 teaspoon curry powder*
- *1 box (10 or 12 oz.) couscous*
- *Boiling water*

Jerk Steaks
- *1 teaspoon olive oil*
- *4 boneless beef sirloin (¼-inch-thick) minute steaks (1¼ lb.)*
- *½ teaspoon salt*
- *⅓ cup prepared Jamaican jerk sauce, divided*

Zucchini Salad
- *2 tablespoons olive oil*
- *⅓ cup chopped fresh mint*
- *1½ teaspoons grated lemon peel*

(continued on page 15

Quick Cooking 101

The rules for cooking in 15 minutes or less

READY . . .

LET YOUR SUPERMARKET HELP PREP. Look for convenience items like rotisserie chicken from the deli counter, shelled and deveined shrimp or cut-up vegetables from the salad bar.

DOUBLE-CHECK YOUR SHOPPING LIST. Make sure you've got all the ingredients you need for the meal.

READ THE RECIPE FROM START TO FINISH. This way there will be no surprises like, "Oops! I forgot to chop the onions!"

GET SET . . .

GATHER EVERYTHING YOU'LL NEED. Do as they do at the best cooking schools and have all your ingredients measured and ready to go. Keep equipment and serving dishes within arm's reach. (To help, special kitchen tools are listed before each of our quick-cook recipes.)

GO!

NOW YOU'RE COOKING! FOLLOW THESE TIPS ALONG THE WAY:

- **Heat an empty skillet or grill pan first before adding oil or other ingredients. Not only does this cut cooking time, it helps add flavor by more quickly searing the surface of foods.**
- **A watched pot never boils, so don't wait for something to cook. If your chicken breast or hamburger is browning in a skillet or under the broiler, use the time to mix a dressing or set the table!**

-MINUTE MEALS

ntinued from page 150

1 teaspoon salt
¼ teaspoon freshly ground pepper
3 medium zucchini (1½ lb.), cubed

nt sprigs and lemon wedges, for garnish (optional)

Make couscous: Heat oil in medium cepan over medium heat. Press lic through a garlic press and add pan with onion and salt; cook inutes until onion is tender. Add rv; cook 30 seconds more. Stir in scous and the amount of boiling er specified in package directions; er and set aside.
Make Jerk Steaks: Meanwhile, heat e grill pan 3 minutes over medium- heat; brush with oil. Sprinkle steaks salt; transfer to pan. Brush tops of ks with half the jerk sauce; cook 2 to inutes. Turn, brush steaks with aining jerk sauce and cook 2 to inutes more for medium-rare.
Make Zucchini Salad: While steaks k, combine oil, mint, lemon peel, and pepper in large bowl; add chini and toss to coat.
To serve: Fluff couscous with fork. de couscous and zucchini among rving plates. Top couscous with ks. Garnish with mint sprigs and on wedges, if desired. Makes rvings.

ERVING		DAILY GOAL
s	765	2,000(F), 2,500(M)
at	33.5 g	60 g or less (F), 70 g or less (M)
ed fat	9 g	20 g or less (F), 23 g or less (M)
erol	89 mg	300 mg or less
	1,706 mg	2,400 mg or less
ydrates	71 g	250 g or more
	42 g	55 g to 90 g
	80 mg	800 mg (F), 800 mg (M)

TUNA WRAPS

innovative combination—it's part la wrap, part Asian spring roll— res a tuna-and-noodle filling red with lime, soy sauce, cilantro fresh chile.

pment: can opener, large saucepan, ge colander, microwave oven, rus juicer
l prep time: 15 minutes ○ ⊙ ▼

und cappellini pasta (thin spaghetti)

Dressing
ablespoons fresh lime juice
ablespoons Thai fish sauce (nam pla)
easpoons sugar
ablespoon soy sauce
ablespoon rice wine vinegar
cup chopped fresh cilantro
teaspoon salt
1 Thai (or jalapeño) chile, minced
1 can (12 oz.) solid packed white tuna in water, drained and coarsely flaked
6 (6 or 7 inch) flour tortillas
2 cups coarsely chopped romaine leaves
Orange slices and green onions, for garnish (optional)

1. Start to cook cappellini according to package directions.
2. *Make Thai Dressing:* Meanwhile, combine all ingredients in large bowl. Stir in tuna.
3. Drain cappellini. Rinse under cold water until cool; drain well. Stir into tuna mixture.
4. Stack tortillas and wrap in damp paper towels. Microwave on High 1 minute until tortillas are heated through.
5. Arrange ⅓ cup romaine down center of one tortilla. Spoon a scant ½ cup tuna-noodle mixture on romaine and roll up; transfer to serving platter. Repeat process with remaining tortillas and filling. Garnish with orange slices and green onions, if desired. Makes 6 servings.

PER SERVING		DAILY GOAL
Calories	245	2,000(F), 2,500(M)
Total fat	4 g	60 g or less (F), 70 g or less (M)
Saturated fat	1 g	20 g or less (F), 23 g or less (M)
Cholesterol	22 mg	300 mg or less
Sodium	865 mg	2,400 mg or less
Carbohydrates	31 g	250 g or more
Protein	20 g	55 g to 90 g
Calcium	38 mg	800 mg (F), 800 mg (M)

GRILLED TURKEY WITH CITRUS GREENS



In Italy, veal scallopini (or cutlets) topped with peppery salad greens is a simple yet sophisticated classic. Our version uses less-expensive, thinly sliced turkey breast.

Equipment: grater, citrus juicer, salad spinner, large grill pan, small kitchen brush
Total prep time: 15 minutes ○

Citrus Greens
⅓ cup olive oil
2 tablespoons chopped fresh cilantro
2 tablespoons white balsamic or white wine vinegar
½ teaspoon grated lime peel
½ teaspoon grated orange peel
1 tablespoon fresh orange juice
1 tablespoon fresh lime juice
1 teaspoon grated fresh ginger
1 teaspoon salt
1 pound assorted bitter greens (such as arugula or watercress)
1 pint red cherry tomatoes
½ pint yellow cherry tomatoes

1 teaspoon vegetable oil
4 turkey cutlets (1 lb.)
½ teaspoon salt
¼ teaspoon freshly ground pepper

1. *Make Citrus Greens:* Whisk together oil, cilantro, vinegar, peels, juices, ginger and salt. Add greens and tomatoes, tossing to coat.
2. Meanwhile, heat large grill pan 3 minutes; brush with vegetable oil. Sprinkle turkey with salt and pepper; cook 1½ minutes per side, until cooked through. Arrange 1 cutlet on each of 4 serving plates. Divide and top with greens. Makes 4 servings.

PER SERVING		DAILY GOAL
Calories	325	2,000(F), 2,500(M)
Total fat	21 g	60 g or less (F), 70 g or less (M)
Saturated fat	3 g	20 g or less (F), 23 g or less (M)
Cholesterol	70 mg	300 mg or less
Sodium	920 mg	2,400 mg or less
Carbohydrates	6 g	250 g or more
Protein	31 g	55 g to 90 g
Calcium	148 mg	800 mg (F), 800 mg (M) ●

Recipes by Cynthia DePersio

Recipe Index

Here is a listing of recipes in this issue.

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JOURNAL SHOPPING CENTER

FITTING SOLUTIONS Pages 126–129. On Sofia: crewneck, Lands' End; belt, Ben Amun for Isaac Menevitz; watch, XOXO; earrings, Agatha. On Lisa: blouse, Lands' End; belt, CK. On Donielle: long-sleeved crewneck, Joseph A.; belt, Bottega Venetta. On Trudy: blouse, Lauren by Ralph Lauren; watch, Anne Klein. On Mila: crewneck sweater and cardigan, Karen Kane; bangles, Agatha. On Elizabeth: mockneck, Moda Int'l for Victoria's Secret; bracelets, Meryl Waite; earrings, Liz Claiborne. On all shoes, Enzo Angiolini.





all in the family

They come from all parts of the country, to catch up with relatives and have a wonderful feast. Here, three families share th time-honored recipes that mak their reunions so special



Let's eat! After visiting an ancestor's West Virginia home (right), the Browns (top left) gather in a nearby park to enjoy the day's biggest feast. Top right, Lord Baltimore Cake. Above, Pat Jenkins's Perfect Fried Chicken





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t traditional look to his dishes.
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The Brown Family Reunion

Reedsville, West Virginia

For the past 102 years, the Brown family has held their annual reunion right in Preston County, where their forebear, Thomas Brown, settled in the early 1800s. Pat Brown Jenkins, Thomas's great-great-great granddaughter, still lives there, and she and several cousins, along with a board of officers of family members, are now in charge of organizing the noontime picnic in the town park of Reedsville. Today's recipes continue to reflect the clan's southern heritage, with such family favorites as fried chicken and ham. There is also lots of end-of-summer fare: Attendees harvest vegetables and fruits from their gardens, and bring casseroles and all kinds of salads, pickles and preserves. But the baking contest is really the gathering's highlight. A recent prize-winner was the Lord Baltimore Cake.

PERFECT FRIED CHICKEN

Pat Brown Jenkins makes the chicken just as her mother did, in two batches using a cast-iron skillet to seal in the juices, then covering the pan to let the chicken cook until it's "done to the bone."

Prep time: 10 minutes plus standing ○
Cooking time: 25 minutes per batch

1½ cups all-purpose flour, divided
2 tablespoons salt, divided
2 tablespoons paprika, divided
1 teaspoon freshly ground pepper, divided
2 whole chickens (3 to 3½ lb. each), cut up
2 cups vegetable shortening, divided

1. Combine ¾ cup flour, 1 tablespoon salt, 1 tablespoon paprika and ½ teaspoon pepper in large resealable plastic food-storage bag. Combine remaining flour, salt, paprika and pepper in another storage bag.
2. Cut each chicken breast in half crosswise. Transfer to bowl and refrigerate with wings.
3. Add thigh and leg pieces to one bag of flour mixture; seal bag and shake until evenly coated. Transfer pieces to wire rack; let stand 10 minutes for coating to dry slightly.
4. Meanwhile, line 2 jelly-roll pans with a double layer of paper towels. Heat 1½ cups shortening in 10-inch cast-iron skillet over medium-high heat until temperature reaches 360°F. on a deep-fry thermometer. Add 2 thigh and 2 leg pieces, skin-side down, and cook 5 minutes until golden; turn. Reduce heat to medium-low; cover and cook 20 minutes more, turning pieces every 5 minutes until golden and cooked through. Transfer pieces to jelly-roll pan. Repeat with remaining thighs and legs.
5. Set a large wire mesh strainer over a bowl; line strainer with a double layer of cheesecloth or large coffee filter. Carefully strain melted shortening through cheesecloth; discard. Wipe out skillet with paper towels. Return strained shortening to skillet and add remaining ½ cup shortening.
6. Meanwhile, coat breast and wing pieces in bag with remaining flour mixture; let stand on wire rack 10 minutes. Heat the strained shortening to 360°F. Cook 4 breast pieces and 2 wings as directed, except reduce cooking time by 5 minutes. Transfer to other jelly-roll pan. Repeat process with remaining breasts and wings. Makes 8 servings.

PER SERVING		DAILY GOAL
Calories	570	2,000(F), 2,500(M)
Total fat	35 g	60 g or less (F); 70 g or less (M)
Saturated fat	9.5 g	20 g or less (F); 23 g or less (M)
Cholesterol	143 mg	300 mg or less
Sodium	1,369 mg	2,400 mg or less
Carbohydrates	14 g	250 g or more
Protein	46 g	55 g to 90 g
Calcium	38 mg	800 mg (F); 800 mg (M)

LORD BALTIMORE CAKE

For last year's reunion, Pat's cousin, Lillian Brown (right), baked this sumptuous white layer cake with pink cherry icing.

Prep time: 30 minutes ○
Baking time: 30 to 35 minutes

Cake
2 cups all-purpose flour
1½ cups sugar
½ cup butter or margarine, softened
3 large eggs
1 tablespoon baking powder
½ teaspoon salt
1 cup milk
1 teaspoon vanilla extract

Frosting
1 cup sugar
½ cup light corn syrup
1 tablespoon maraschino cherry juice
4 large egg whites
1 teaspoon vanilla extract

Filling
½ cup toasted shredded coconut
¼ cup toasted chopped pecans
¼ cup toasted chopped almonds
¼ cup chopped maraschino cherries



1 tablespoon maraschino cherry juice
Maraschino cherries, for garnish (optiona

1. Heat oven to 350°F. Grease and flour two 9-inch round cake pans.
2. *Make cake:* Beat flour, sugar, butter eggs, baking powder and salt in large mixer bowl on low speed until dry ingredients are just moistened. Gradually beat in milk and vanilla. Increase speed to medium-high and beat batter 3 minutes, scraping bowl occasionally, until smooth. Pour into prepared pans. Bake 30 to 35 minutes until a toothpick inserted in center of cakes comes out clean. Cool 10 minutes. Remove from pans; cool completely on wire racks.
3. *Frosting:* Combine sugar, corn syrup and cherry juice in small saucepan. Bring to a boil; stir to dissolve sugar. Boil syrup to 240°F. (soft ball stage) on candy thermometer. Meanwhile, beat egg whites in large mixer bowl or medium-high to stiff peaks. Gradually add syrup to whites in a slow, steady stream. Beat in vanilla. Continue to beat until cool, 10 minutes.
4. *Filling:* Combine all ingredients with 2 cups of frosting in bowl.
5. Place one cake layer on serving plate. Spread filling over top; cover with remaining layer. Frost top and sides of cake with frosting. Garnish with cherries, if desired. Makes 10 servings.

Per serving: 545 calories, 17.5 g total fat, 8.5 g saturated fat, 92 mg cholesterol, 425 mg sodium, 91 g carbohydrates, 8 g protein, 138 mg calcium

The Bloomberg Family Reunion

Lindsborg, Kansas

Most members of the Bloomberg family are farmers, so their *(continued*

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ALL IN THE FAMILY

Continued

annual reunions, which they've held since 1922, always coincide with the harvest festival. Relatives come from as far away as California and Virginia, and this year eighty family members plan to attend. One of the highlights will be the annual treasure hunt, where the children bicycle around searching for clues having to do with Lindsborg and Bloomberg family history. Scandinavian specialties for the lavish feast include Swedish meatballs, home-baked rye breads, rice pudding and cheesecake with lingonberries.

SWEDISH MEATBALLS

This recipe for meatballs has been a family favorite for generations. The ingredients were influenced by the family's fortunes. During lean years, less meat and more bread crumbs were used; in more prosperous times, there would be a greater proportion of beef and pork.

Prep time: 1 hour
Baking time: 1 hour

2 cups toasted fresh bread crumbs (9 slices)
1¼ teaspoons salt
¾ teaspoon sage
¾ teaspoon allspice
½ teaspoon freshly ground pepper
⅛ teaspoon nutmeg
1 cup milk
1¾ pounds lean ground beef
¼ pound bulk pork sausage
1 small onion, diced
2 large eggs, lightly beaten
½ cup all-purpose flour
3 tablespoons vegetable oil, divided
Parsley sprigs, for garnish



1. Combine bread crumbs, salt, sage, allspice, pepper and nutmeg in bowl. Stir in milk. Add beef, pork, onion and eggs; lightly mix just until blended.
2. Spread flour in large plate. Shape meat mixture into 1½-inch balls. Roll meatballs in batches in flour to coat. Shake off excess flour, then transfer to sheet of wax paper.
3. Heat oven to 350°F. Heat 1 tablespoon oil in large skillet over medium heat. Brown one third of meatballs on all sides, 6 minutes. Transfer to 2½-quart baking dish. Repeat process with remaining oil and meatballs. Stir ½ cup water into meatballs. Cover and bake 1 hour. Transfer to serving bowl and garnish with parsley. Makes about 75 meatballs.

Per meatball: 50 calories, 3.5 g total fat, 1.5 g saturated fat, 15 mg cholesterol, 63 mg sodium, 2 g carbohydrates, 2 g protein, 8 mg calcium

The Bullock Family Reunion

Creedmoor, North Carolina

Gina Bullock Duncanson wasn't aware of her father Carvis's rich family history until she started going to Bullock reunions, which are held every summer on the North Carolina family farm.

r great-great-great-grandfather Pete
s born a slave but was given the land
his former owner in appreciation for
ing his possessions during the Civil
ır. Pete became a successful farmer,
l subsequent generations of Bullocks
erited the land and continued to
n it. Every Fourth of July weekend,
llocks from as far away as California
ke the pilgrimage home, including
e of Pete's great-grandchildren.
ıen they're not eating country ham,
st turkey, barbecued ribs, salads,
seroles and sweets like chess pie
l pound cake, "catching up" is the
orite activity of the 150 or so
ıily members.

ESS PIE

ne of the Bullocks is quite sure how
ving this old-time southern pie
ame a tradition at their reunions,
it's been on the menu for
erations. The filling is a cinch—all
ı need is butter, sugar and eggs.

p time: 15 minutes plus chilling
king time: 55 to 60 minutes

ırge eggs
cups sugar
up butter (no substitutions), melted



¼ cup milk
2 tablespoons flour
1 teaspoon vanilla extract
Pastry for a single 9-inch pie, unbaked

Heat oven to 350°F. Whisk together eggs and sugar in large bowl until light and lemon-colored. Whisk in remaining ingredients (except pastry shell) until smooth. Pour into pastry shell. Bake 1 hour, until top is golden and filling is set in center. Cool on wire rack. Makes 8 servings.

Per serving: 470 calories, 25 g total fat, 14 g saturated fat, 109 mg cholesterol, 293 mg sodium, 58 g carbohydrates, 5 g protein, 26 mg calcium

Researched by Patricia Cobe

GET IT TOGETHER!

Thinking of planning a family reunion of your own? Here are some tips to help get you started:

TIME MATTERS Planning should begin at least a year in advance so you have time to make contacts and find out if enough family members are interested. As you speak to people, ask what time of year they'd most like the reunion to be held.

SET A DATE Once a good turnout is determined, choose the date for the gathering that works best for the most people. Then stick to it.

DELEGATE Whether the reunion is going to be big or small, accept from the get-go that you just can't do it all. Become—or nominate someone else to become—a fearless leader that will take charge. Create committees to handle various jobs: choosing a location, booking accommodations, mailing invitations, planning the food, watching the budget and, of course, planning reunion-day games and events.

Reunions Magazine* can also be a source of help. Call 800-373-7933 or visit their Web site: *http://www.execpc.com/~reunions



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Continued from page 133

educators, parents and students for years to come was this: Why did it take more than three weeks before anyone reported Leslie's experience to the police?

Technically, neither school was legally required to report the incident, because it occurred outside of school, after school hours. But the silence was finally broken when Charles Figueroa, a prominent football player and wrestler, told his special-ed teacher, Ariel Riviera, what he had heard. At a meeting of the Child Study Team on March 22—which included a social worker, several special-education teachers, a guidance counselor, a social psychologist and a specialist in learning disabilities—Riviera spoke up.

It was almost a year before the grand jury returned indictments on Kyle and Kevin Scherzer, Peter Quigley, and Richard Corcoran, Jr. After a protracted battle, an appellate court approved a request to try Paul and Chris Archer and Bryant Grober as adults. By the time the case came to trial, in October 1992, the defendants numbered four: Chris Archer, Kyle and Kevin Scherzer, and Bryant Grober. (Paul Archer and Peter Quigley pled guilty to a misdemeanor charge of endangering the welfare of a mental "defective." Corcoran was to be tried separately, but charges against him were later dropped.)

The trial itself—as Sheila Byron had speculated—focused on Leslie's ability to say no. Experts testified that Leslie felt obligated to go along with whatever a friend asked, even if the "friendship" had begun five minutes ago. Family and acquaintances supported this: Leslie might look disgusted when she had to eat dog feces, she might cry when kids ridiculed her, but she had *never* walked away, responded in anger or even tried to avoid her tormentors.

This very quality, however, made Leslie a less-than-ideal witness: She was easily manipulated by the defense attorneys' pretending to be on her side, and appeared willing to change her testimony to make everyone happy. The defense's strategy was to try to prove that Leslie was a wily seductress with an insatiable sexual appetite.

As the trial progressed, it became clear that Leslie did not grasp the fact that she could have refused to participate in what happened that day. Asked frequently why she complied, she replied, "I had to" or "because they told me to" or "I didn't want to hurt their feelings."

After a five-month trial, on March 16, 1993, the jury convicted Chris Archer and Kevin Scherzer of two counts of first-degree aggravated sexual assault (in New Jersey, virtually synonymous with rape) and second-degree conspiracy; Kyle Scherzer, of one count of first-degree aggravated sexual assault, one count of second-degree attempted aggravated sexual assault, and second-degree conspiracy; and Bryant Grober, of third-degree conspiracy—but Grober was acquitted of the most serious charges of aggravated sexual assault.

Judge R. Benjamin Cohen sentenced Chris, Kevin and Kyle to a maximum of fifteen years; as first offenders, they would probably serve two. In an even more controversial ruling, considering the gravity of the crime, Cohen permitted them to go free until their appeals were decided—perhaps four years hence. Grober was given just three years' probation and two hundred hours of community service.

Five days after the trial, a *New York Times* editorial noted that when it comes to crime, "it seems there's still nothing like being white, middle-class, and suburban to get the benefit of the doubt." But it wasn't only their race and class that got these young men a deal. The nature of their crime also had a lot to do with it.

What happened to Leslie was an act of singular cruelty, but she was not the only one to be abused in Glen Ridge's aggressive culture. The indifference in the community to how girls were being treated by young men robbed many of them of their innocence and their self-esteem.

What happened to Leslie Faber is important because it reveals the extreme outcome of the behavior of young men who are made to feel omnipotent. If a culture is measured by how it treats its weakest members, the Glen Ridge case revealed American culture at its basest.

One of the jocks' pastimes was to hide in shower stalls and watch the girls.

Editor's note: On May 20, 1997, the New Jersey appellate court overturned one count of the rape conviction of Kevin and Kyle Scherzer and Chris Archer, which charged that the three former athletes had used force or coercion against Leslie Faber. However, the court upheld the charge that they had raped Leslie when they knew, or should have known, that she was mentally retarded.

The sentences of Chris Archer and Kevin Scherzer are not likely to change. Kyle Scherzer's second-degree rape conviction stood, but his sentence will very likely drop to a maximum of seven years, making him eligible for parole after only one and a half years in prison. As LHJ went to press, the judge ordered the three convicted defendants to surrender on June 30, 1997. At that time it is likely they will be sentenced and finally sent to prison, eight years after they raped Leslie Faber. ●

FOR MORE INFORMATION: ***Our Guys*, by Bernard Lefkowitz (456 pp.; hardcover) is available by arrangement with University of California Press for $35.95, which includes shipping, handling and applicable sales tax. Call 800-763-6393.**

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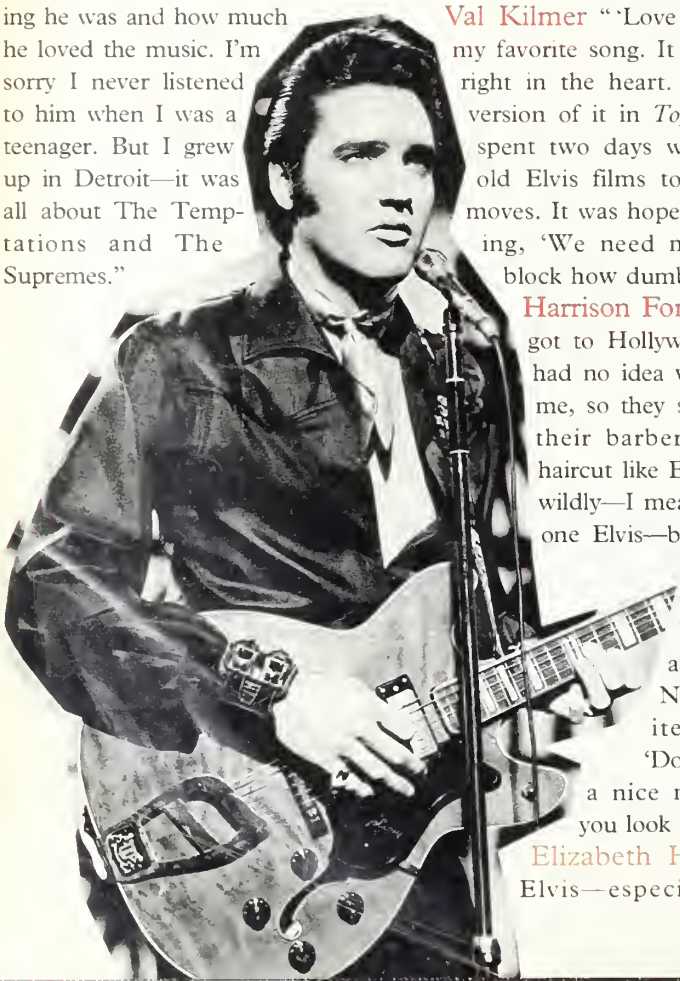
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I Remember Elvis

Twenty years after his death, today's top celebs are still stuck on The King By Cindy Pearlman

Robin Williams "Elvis was great! His gospel music just knocks me out. I love 'How Great Thou Art.' I wasn't a big fan until I saw videos of some of the old recording sessions. They give you an idea of how charming he was and how much he loved the music. I'm sorry I never listened to him when I was a teenager. But I grew up in Detroit—it was all about The Temptations and The Supremes."



Mary Tyler Moore "I was Elvis' last leading lady, in a movie called *Change of Habit*. I wanted so badly to kiss him! But I played a nun, so no kissing for me. It's one of my biggest showbiz regrets."

Val Kilmer "'Love Me Tender' is my favorite song. It always gets me right in the heart. I did a rip-off version of it in *Top Secret!*, and I spent two days watching all the old Elvis films to try to get his moves. It was hopeless. I kept saying, 'We need more smoke to block how dumb I look.'"

Harrison Ford "When I first got to Hollywood, the studio had no idea what to do with me, so they sent me over to their barbershop to get a haircut like Elvis. I protested wildly—I mean, there is only one Elvis—but I did it. Afterward, they fired me. And I was stuck with a lousy haircut. Now my favorite Elvis song is 'Don't Be Cruel'—a nice motto any way you look at it."

Elizabeth Hurley "I love Elvis—especially in *Blue Hawaii*! It's very cheesy, but he looks absolutely gorgeous in those swim trunks. And when you hear him on the radio, you're instantly a teenager again, back in your room listening to all those old songs."

Julianna Margulies "I loved Elvis. I lived in England, but I felt like an American kid—and you couldn't get more American than Elvis. He was such an original. And he was *so* sexy. Those sideburns! Those tight pants!"

Billy Crystal "Elvis is an unfair role model for young guys—who could grow those sideburns? Let's face it: They just don't look right under a Yankees cap. Nobody could be as cool as he was."

Priscilla Presley "Elvis was a phenomenon. There was something about him that affected all of us in some way. I still visit Graceland three or four times a year. It's difficult to have people walking through what was once your private, sacred place, but it's what his fans wanted. Being associated with Elvis used to bother me, but I feel more comfortable with it now, probably because I've grown and accomplished things on my own." ●

PHOTOS: ELVIS, PHOTOFEST; HURLEY, WILLIAMS AND FORD, RETROFY; BARRETT GLORE PHOTOS; PRESLEY, DAVE MORGAN; CRYSTAL, JEFF RIEDEL; MARGULIES, LIANNE MILTON/GLOBE PHOTOS; MOORE, ALAN MERCER/GLOBE PHOTOS

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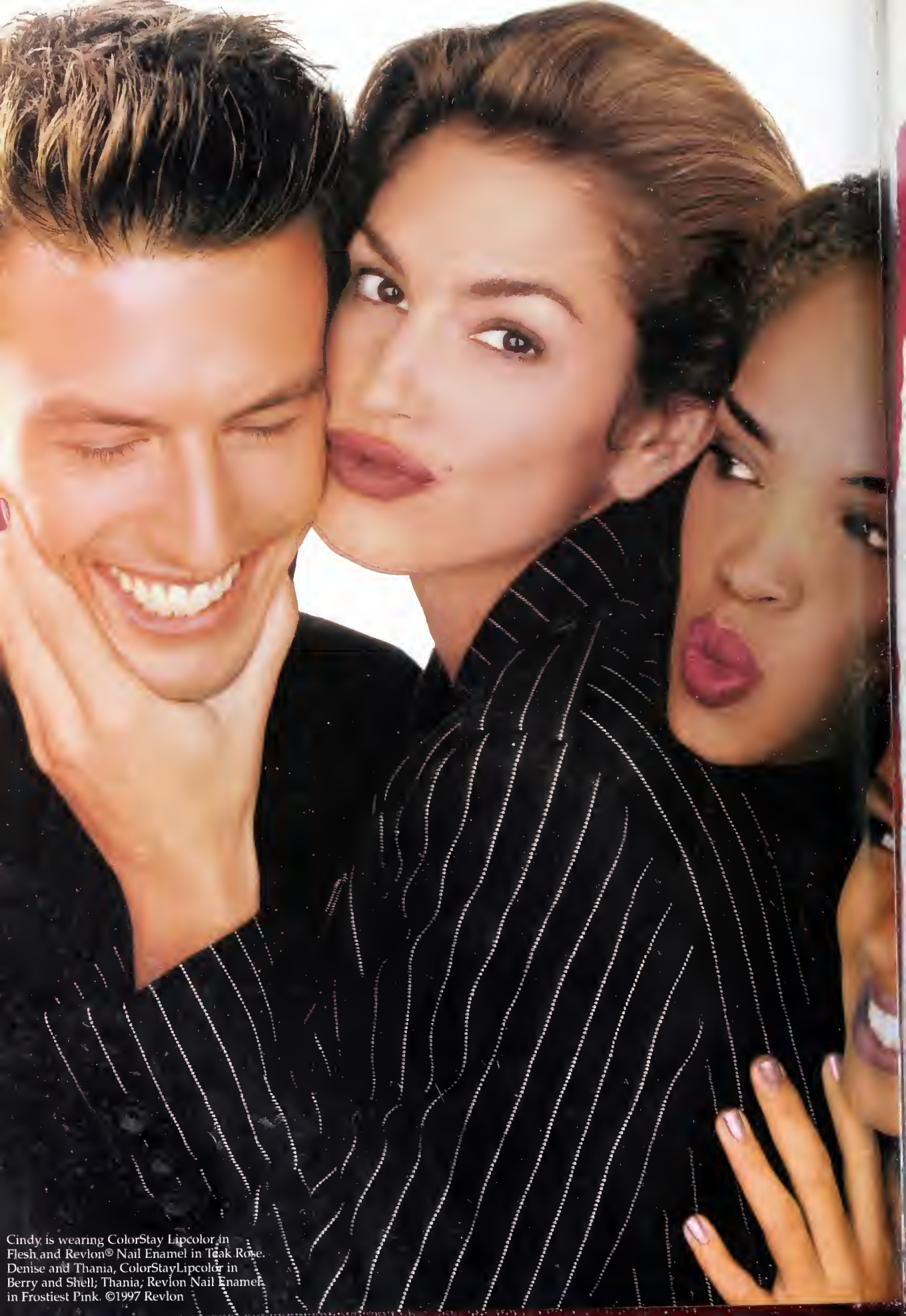
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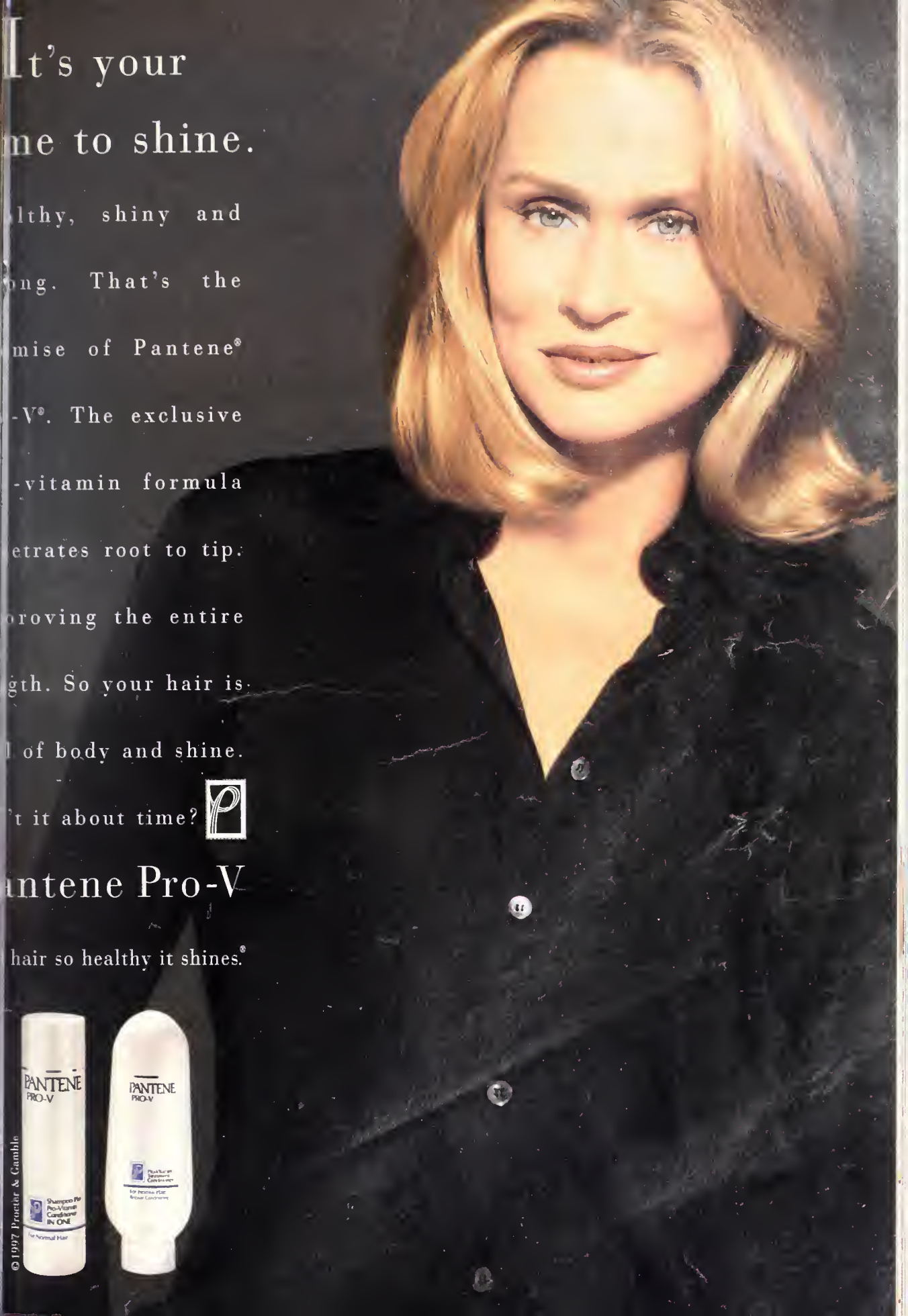
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Queen of hearts



It was an evening I didn't want to miss—dinner at Washington's National Museum of Women in the Arts with Princess Diana and Elizabeth Dole as co-hosts.

Of course I wanted to see Diana. How would she look? What would she wear? But I knew the evening's real purpose was a serious one, to raise awareness of the worldwide problem of land mines and to raise money for the victims of these terrible weapons. In many places, including Cambodia and Angola, long after wars have ended, land mines remain and continue to kill and maim. Elizabeth Dole, President of the American Red Cross, which sponsors a prosthetics and rehabilitation program for victims, spoke at the dinner about help for the victims of land mines today and hope for a world free of land mines tomorrow.

Diana, who is campaigning for a worldwide ban on these weapons, was eloquent as well. She spoke about the children, who are the most poignant victims. "What is so cruel about these wounds," she said, "is that they are invariably suffered where medical resources are scarce."

Diana today is not a bit like the shy or frivolous Di of the past. She is tall, tanned and toned, obviously a woman who both works out and works hard for causes that matter to her. But she still charms. She took a picture with my son, Jonathan, who was my escort for the evening. His birthday had just passed, and I told him that the picture was his birthday present. "Well, then," Diana said, "he's easily satisfied." He was more than that. He was totally enchanted.

MYRNA BLYTH
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With Elizabeth Dole and Diana. Diana's dress was definitely not for sale

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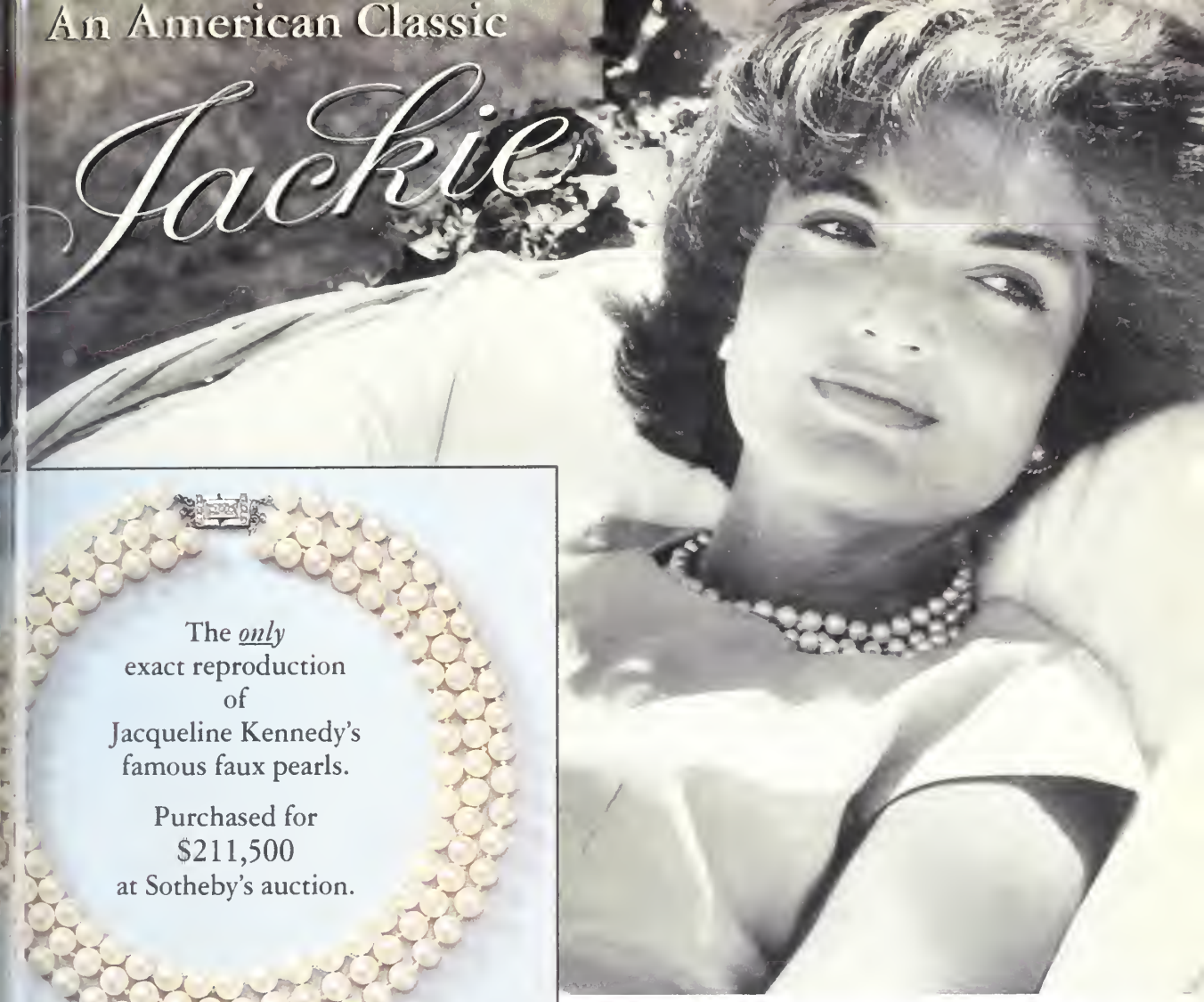
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The epitome of a free spirit throughout her life, she had many lovers but never married. When she turned down the immensely rich Duke of Westminster, she declared, "There are lots of duchesses but only one Coco Chanel." For women today, Chanel's most enduring contribution rests on a simple yet radical proposition: She proved it was possible to be comfortable and chic at the same time.

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MEET OUR CONTRIBUTORS



Elaine St. James

In "How To Simplify Family Life" (page 98), an excerpt from her newest book, *Simplify Your Life with Kids* (Andrews and McMeel, 1997), this best-selling author explains how to streamline a frantic domestic routine. St. James lives in Santa Barbara with her husband and two children.



Shannon Greer

After photographing an ordinary mom who is transformed into a bombshell in "How I Got Gorgeous" (page 148), Greer considered assuming a new identity himself. "Only, I'd trade places with Popeye," he says, "because a man with a song is a good thing." Greer also contributes to *Glamour* and *Condé Nast Traveler*.



Ronny Frishman

"Even kids as young as age six can permanently change their eating and exercise habits for the better," says Frishman, who visits a weight-management program for overweight youngsters in "Winners and Losers" (page 78). "In turn, they can inspire others in their families to lead healthier lives." Frishman is managing editor of *Inquiry*, a journal on health economics.



Felice Dunas

Frequency of lovemaking and feelings of attraction don't have to dwindle as the years pass in your marriage—provided you practice basic pleasure principles. "Sex Dos and Don'ts Every Woman Should Know" (page 124) is a romance refresher course from Dunas's book, *Passion Play* (Riverhead Books, 1997).



Alan Richardson

This photographer and filmmaker took the mouthwatering pictures of the health-boosting dishes in "Super Foods" (page 166). Richardson is currently working on an Italian cookbook for Time-Life Books, Inc., due out next September. He also contributes to *Fine Cooking*, *Eating Well* and *Saveur*.

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CAN THIS MARRIAGE BE SAVED?



"He bores me"

TONI'S TURN

"There's nothing really wrong with Robert," said Toni, twenty-seven, an energetic woman with cropped black hair, "but my marriage is so predictable that I couldn't stand another minute in that house. I took the kids—Ashley is seven and Justin's the baby—and left, hoping that would finally get Robert's attention. We've been married only three years, but it feels like fifty. All we do is work, buy things and take care of the kids.

"I know Robert tries hard. He buys me everything I want because he knows I never had anything as a kid. But I don't care about that. I want to go to college, I want more time with my kids and I want a better relationship with my husband.

"Part of the reason I moved out, I'll admit, was that I figured if I didn't, Robert eventually would. Every man I've ever trusted has done that to me, starting with my father. He was a nice guy, but he was never around; he finally divorced my mother when I was eleven and moved across the state and remarried. My mother was a violent woman who abused my younger sisters and me both physically and emotionally. I could never understand why Dad didn't try to rescue us. He had to know what was going on.

Robert had always worked hard to buy Toni and the kids everything they wanted. So why would she pack up and leave? By Andrea Warren

"When I was fifteen, my mom threw me out of the house. Dad said I could live with him, and before long, my sisters were with us, too. I was pretty wild. I'd never had any supervision, and when I was seventeen, I dropped out of high school to be with my boyfriend. After a succession of bad relationships, I got pregnant by a guy I barely knew. I decided to have the baby anyway.

"Ashley's arrival made me want to do something with my life. When my father and stepmother saw how motivated I was, they agreed to help me. My stepmom took care of Ashley so I could get my GED and some secretarial training. Ashley was almost two and I was twenty-two when I started working as a secretary at the coun offices and met Robert, an assista in the county administrator's offic He was so different from all the oth er guys I'd dated. He had an educa tion, goals, a good job and had neve missed a day of work. He was ver polite and easygoing—a good ba ance, since I get upset easily.

"When he met Ashley, I could te he really liked her. He never minde hanging at home with her instead o going out, and he didn't try to rus me into bed. Ashley's real fathe barely saw her and never paid chil support, and soon she was callin Robert 'Daddy.' It wasn't the wild crazy kind of being in love, but I tol myself that this was a man wit whom I could have a secure futur When Robert asked me to marry hi the following year, I said yes.

"Robert wanted to buy a house righ away, so we had a simple weddin and a brief honeymoon to *(continued*

THE MOST POPULAR, most enduring women's magazine feature in the world. This month's case, about a couple whose marriage is threatened by their inability to establish intimacy, is based on interviews with clients and information from the files of DIANE ZEIDWIG, L.M.F.T., a therapist in De Land, Florida. The story told here is true, although names and other details have been changed to conceal identities.

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save money. We also bought a new car, furniture and lots of household things. I knew Robert was nervous about all this spending, but whenever I wanted something, he would always agree.

"When my job was eliminated, I found work as a secretary with an insurance company that ran two shifts, and I chose the late shift so I could care for Ashley during the day. Robert would feed her and put her to bed, and both of them would be sound asleep when I got home at one A.M. Robert and I barely saw each other during the week, and weekends were filled with shopping, housework and errands. Robert fretted constantly about money, but that didn't stop us from spending. It was our only pleasure together.

"I was starting to get really bored, and I found myself picking fights with Robert just to get a reaction. I nitpicked about everything. When he was putting pennies in coin rolls one day, the idea of all that penny-pinching made me so angry I swept all the pennies off the table, scattering them everywhere. I was so horrid, I don't know how he stood it.

"When we found out I was pregnant, we were thrilled. I immediately cut back on my work hours, which made it tougher financially, but we still bought everything imaginable for the baby. When Justin was born, we were on cloud nine.

"During this time, it seemed to me my anger was really about my childhood. After Justin's birth, I thought if I reached out to my mother, I could get on with my life. When I got up the nerve to call her, she told me flat out she couldn't care less about me or the kids.

"That call stirred up all the old issues for me, and I took a lot of it out on Robert. I was desperate for his attention, but all he'd say was, 'Calm down, Toni, it can't be that bad.' So about a month ago, while he was at work, I just wrote him a note saying I needed time to sort out my thoughts, and I took the kids and went to my dad's. I didn't hear a word from him. I thought he would beg me to return, and his silence seemed to prove he didn't care.

"Right now, Robert and I talk every day on the phone. I'd like our marriage to succeed, but things have got to change. I want Robert to support my dream of becoming a teacher instead of saying we can't afford for me to go to college. I want him to sympathize instead of thinking my childhood couldn't have been as bad as I say. Finally—and this may be impossible—he's got to stop being so passive. It makes things so boring. I love Robert, I really do. Is it asking too much to have a life that's not empty and shallow?"

> Robert was so shut off from his feelings that beyond happy and sad, he hardly knew the words to express them

ROBERT'S TURN

"I've never been to a counselor before, but I want my wife back," said Robert, thirty-four, a quiet man with a friendly smile. "I've tried to be a good dad and a good provider, but Toni and I just can't connect with each other anymore.

"I admit I worry about the bills, but where would we be if I didn't? I grew up in a household where we stretched every dollar. My dad died when I was a year old and didn't leave much. I was an only child, and I was pretty much raised by my mother and my grandparents. I learned early not to be a bother to anyone and to be quiet and take care of myself.

"Toni is the love of my life. After college, I got a job with the county. When Toni started working there, she immediately caught my eye. She wasn't ever afraid to speak her mind. I'm very quiet, and she would draw me out in conversation. I need somebody to get me jump-started. I feel more energetic around her.

"The hardest part for me was defining my relationship with Ashley. I love her like she's my own, but Toni is very much in charge. If I disagree with Toni, I keep quiet. She doesn't back down on anything. It's tough trying to share parenting with someone like that.

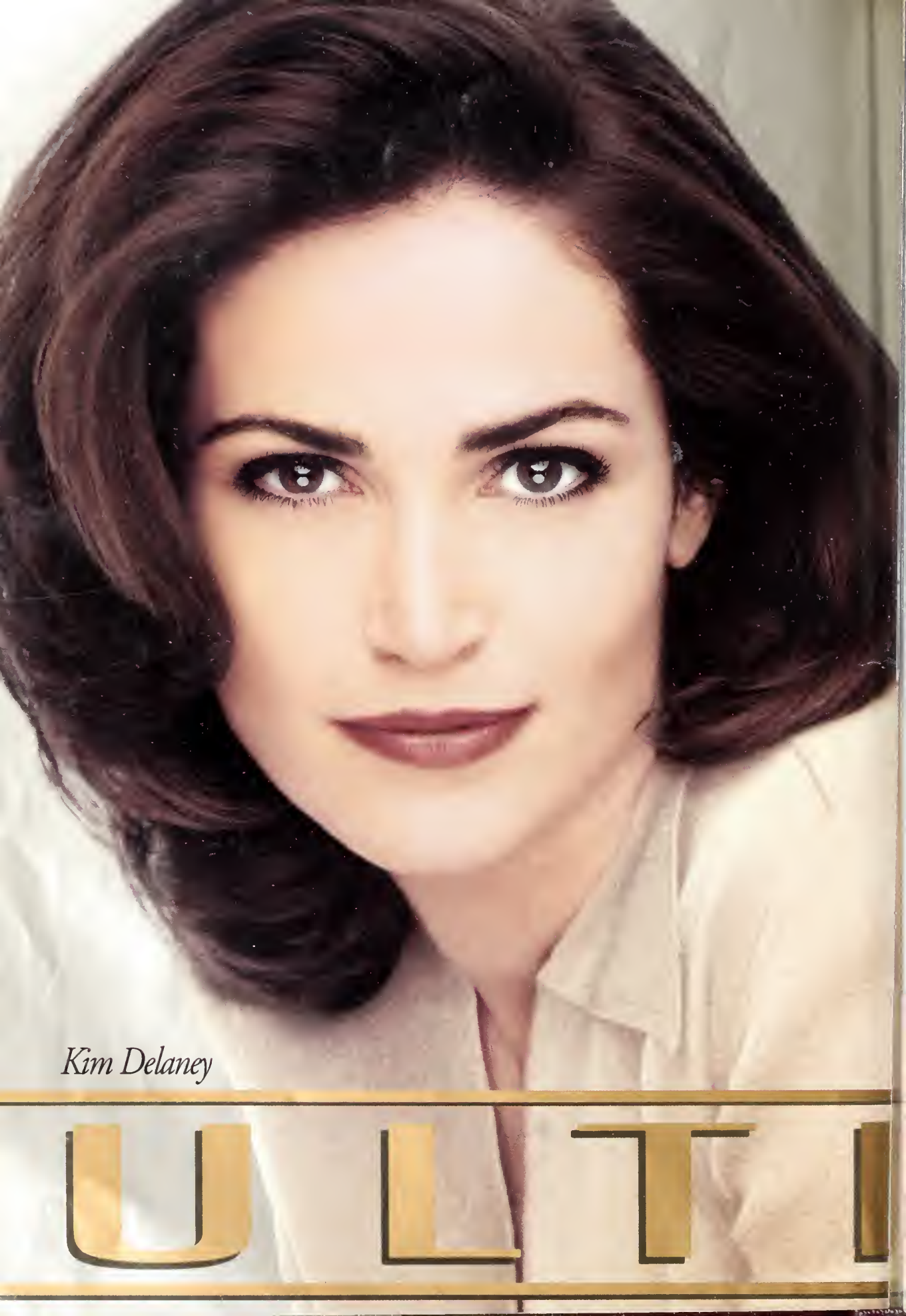
"Justin's birth was a delight for both of us. We finally felt like a real family. But about that time, Toni got in touch with her mother, and it opened up a can of worms. I knew she was upset, but I didn't really understand why she couldn't just let it go. Then, when I came home from work a month ago to find an empty house—well, I truly couldn't believe it. I figured she needed some time away. It almost killed me, but I didn't bug her; I just waited. When she finally called, she was furious that *I* hadn't called her.

"I feel like I'm losing my family. I've always had this sense that Toni was just waiting for me to screw up, since all the other guys in her life had. I had thought that would change once she felt secure, but it never happened. I don't want to end up being a weekend dad. This past month has opened my eyes to what's really important in marriage. It's not all the things you buy. It's you and your partner loving and sharing. That's all I want, if we can just get back together again."

THE COUNSELOR'S TURN

"When I first saw this couple, I didn't think they would make it," said the counselor. "They said they loved each other, but I recognized something I'm seeing more and more these days: two people who, to fill the void in their *(continued)*


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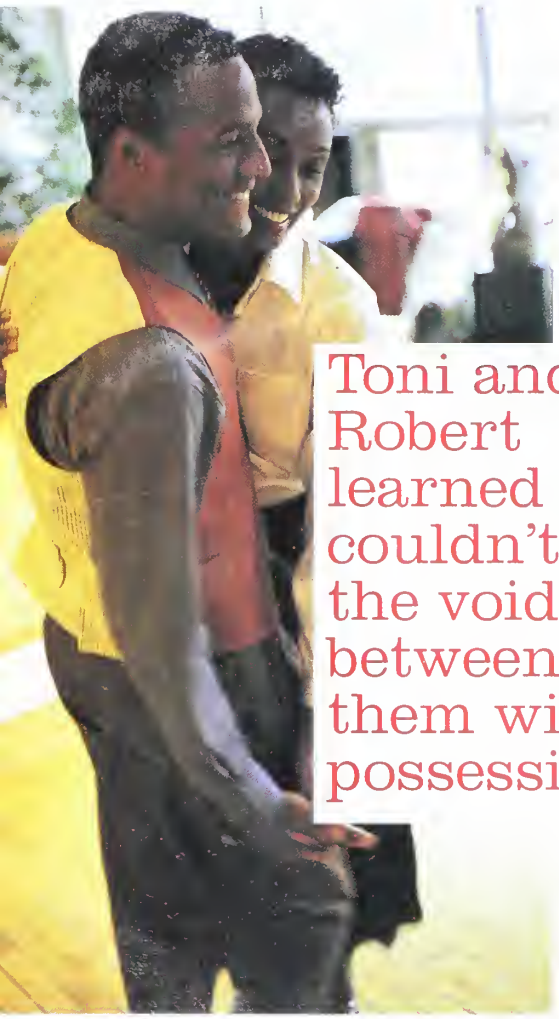


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relationship, focus on acquiring possessions, spending their time on their things, their jobs and their house. Marriages do not simply take care of themselves. They require devotion and hard work.

"Toni and Robert had never bonded as a couple. They didn't really connect with each other—sexually, spiritually, emotionally, physically or intellectually. Their only connection was through parenthood, and that was a source of conflict.



Toni and Robert learned they couldn't fill the void between them with possessions

"Resolving conflict was a major problem for them. Toni felt she had to constantly prod Robert to get him to work through issues. His passivity arises from a childhood of growing up trying to please. I had to convince him that some conflict can be healthy. Like many men, Robert believed that acquiring material things for his family showed how much he loved them. He was so shut off from his feelings that beyond happy and sad, he hardly knew the words to express them. But he realized that if he didn't learn to open up emotionally, he was going to lose Toni, so he spent a few individual sessions with me discussing how to recognize and share the range of emotions he'd been suppressing for so long.

"As Robert practiced assertiveness, he was able to tell Toni that he spent all his time trying to meet her needs but she never reciprocated. Whenever he disagreed with her about discipline for Ashley, she would immediately criticize him. He felt more like a baby-sitter than a parent. Toni assured him that she did trust him, and she agreed that she'd fallen into a pattern of making almost all the decisions regarding the children because he always deferred to her.

"Their differing energy levels were also an issue. Even though she longed for his quiet and calm, it bored her. People who grow up in crisis will often invent a state of emergency when things start running too smoothly.

"Toni knew her need for excitement was unhealthy. I felt she could be satisfied with what Robert offered if she could heal her childhood wounds. We spent several sessions working through the old trauma, until Toni was able to realize that her mother had simply not been capable of giving her what she needed, but that didn't mean that Toni couldn't be a great mother herself.

"Toni felt it was important to work only part-time so she'd have time with her children. That meant she and Robert had to take a careful look at their finances. They realized that shopping and piling up possessions had become a way of making themselves feel good. Once they had developed the intimacy they really longed for, they also needed some time alone to strengthen their relationship. I suggested a weekly date night during which they weren't to talk about kids, problems or anything negative.

"For Robert's birthday, instead of seeking out the latest electronic gadget, Toni gave him a simple card. Inside was a note saying she had arranged for a neighbor girl to start baby-sitting every Friday night, their new date night—beginning the following week, because she planned to move back in that weekend. Robert said reading those words was one of the happiest moments of his life. They came to the next session holding hands.

"During one session, Toni worried that if they had to miss a couple of their date nights, their relationship would once again stagnate. I assured her that dullness occurs not because couples stay home, but because they start holding in their feelings. To help them maintain closeness, I gave them three questions to ask themselves: 'What's the scariest thing I can tell my partner today?' 'What feelings have I held back today?' And, 'What do I love about my partner today?' Then tell each other these things.

"By our last session, I saw a new spark between Toni and Robert. As they opened up emotionally, intimacy followed and their sex life greatly improved. Robert said the first couple of weeks back together were like the honeymoon they'd never had. 'We have lots of plans for the future,' he said, 'and they don't include buying a new car or more furniture.' And Toni added, 'I can now truthfully say that I am married to my best friend.'" •

Check out the "Can This Marriage Be Saved?" Live Chat with a marriage counselor at LHJ Online, coming in late September. Look for details in next month's issue of LHJ.



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3





Alex before her surgery



The Bowens say Alex should not have been born this way



"If Only I'd Known"

I still shiver with excitement recalling that wonderful morning in April 1991, when I learned that Ed and I, newlyweds at the time, were going to have a baby.

It had been a long time—more than ten years, in fact—since I had felt such incredible joy. Jessie, the only child of my first marriage, had been my sunshine; then at age two, she was diagnosed with a brain tumor and died eight months later. Now I was getting a second chance at love and motherhood.

This time around, I knew from day one that I wanted a prenatal test; at thirty-nine, my chances of passing on a chromosomal defect like Down's syndrome were greater than when I was younger. I knew that prenatal tests don't come with 100-percent guarantees—nor do they screen for cancer—but I was so desperate to have a healthy baby that I wanted to do anything that would help the process along.

I had chosen a midwife at the Women's Health Center of Oregon for my prenatal care, and she presented my options: amniocentesis, which could be performed in the second trimester; or chorionic villus sampling (CVS), a newer test that, I was told, could be done before the tenth week. In CVS, villi cells—the microscopic parts of the placenta formed from the fertilized egg—are removed and analyzed. The test can tell doctors almost as much about the fetus as amnio, and as accurately.

I didn't realize I was gambling with my child's health; now I want to help other mothers avoid the same mistake

By Nancy Bowen, as told to Carla Cantor

However, CVS does increase the risk of miscarriage (one in every hundred cases as compared to one in 200 for amnio). Ed and I agonized over this for several weeks before deciding that it was worth the risk to know about our baby's health earlier. Because of the heartache of losing Jessie, we would not bring this baby into the world if the CVS revealed something serious.

The week before I was scheduled for the procedure at Emanuel Hospital and Health Center, in Portland, I got a call from a friend. A TV talk show she'd watched had cited a British report linking CVS and birth defects. Concerned, Ed and I mentioned this to the genetics counselor at the hospital. I remember her assuring us that the test posed no greater risk for abnormality.

Just before my ninth week, I had the CVS, a painless half-hour procedure. Ed watched on the ultrasound screen as the obstetrician guided a catheter into the placenta. All seemed to go well, and two weeks later, we learned that we had a healthy baby girl.

After six grueling hours of labor, eight-pound Alexandra was delivered by my midwife shortly after midnight on January 27, 1992. *(continued*


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"She's beautiful," Ed whispered.

Then, moments later, a doctor stood by my bedside. Sympathetically, he told me what my husband already knew but couldn't bring himself to tell me yet: "Mrs. Bowen, I'm sorry. Alex has no fingers or thumb on either hand."

She's not perfect. Just like Jessie. The words kept pounding in my brain. I wanted to hit someone, or scream. But all I could do was stare and clutch Ed's hand.

I remember being in shock, sobbing and talking with Ed after that, but I don't know what we said. I was mourning my little girl's missing fingers and grieving anew for Jessie. Only by day three, when I finally started to feel a little more like myself again, did it even occur to me to wonder why Alex had been born this way. When Ed and I finally started asking, though, it was as if a lightbulb clicked on: Could the CVS test actually have *caused* the birth defect?

The first weeks after we took our baby home were stressful as we dealt with disrupted sleep and little time together as a couple. Alex, though, was sweet and adorable, and we quickly got used to her hands. In their own way, they were perfect: pink and smooth, with tiny nubbins of skin where the fingers should have been.

Yet Alex's disability still gnawed at me as we dealt with rude stares and questions at the playground, and the sympathy showered on us by friends. There was so much uncertainty ahead. How would Alex manage as she got older? How would other children react? Once those thoughts took over, I'd get depressed.

When Alex was six weeks old, I took her with me to the women's health clinic for my first postnatal checkup. Without making accusations, I told the midwife that I thought CVS might be harmful and suggested she look into the test before recommending it to future patients.

Meanwhile, Ed and I were amazed to discover a few scientific articles, even in the popular media, that addressed a possible link between CVS and limb defects. That left no doubt in our minds that our baby's birth defect had been caused by the very test we trusted to detect abnormalities. I was crushed.

Ed and I had long discussions over what to do. Could we—*should* we—try to hold anyone responsible for Alex's disability? Neither of us wanted to act rashly, yet we also knew that our daughter faced years of expensive surgery and physical therapy. Though both of us make a good living as equipment installers for the phone company, we didn't know what the future held for us or what our insurance would cover. In any event, we had only two years in which to file a liability suit before the statute of limitations ran out.

When Alex was six months old, we contacted an attorney. He advised us not to pursue a lawsuit, saying there wasn't enough evidence to make a strong case.

We would have taken his advice, if not for a report in *USA Today* about CVS that a colleague handed to me one day. Barbara Burton, M.D., a geneticist *(continued on page 28)*

The truth about prenatal tests

Obstetricians generally recommend prenatal testing if the mother is thirty-five and older, if she has had an abnormal reading on her alpha-fetoprotein (AFP) blood test, if the parents already have a child with a birth defect or if they carry a hereditary disease. But expectant parents must consider the risks and benefits of these tests carefully. Here's what you need to know:

AMNIOCENTESIS	CHORIONIC VILLUS SAMPLING (CVS)
When performed	
Fifteenth to eighteenth week of pregnancy	Ten to twelve weeks from last menstrual period; not recommended before then
How performed	
Amniotic fluid is withdrawn through a needle from the sac surrounding the fetus	A catheter collects villi cells from the placenta through the vagina and uterus
Tests for	
Hundreds of chromosomal and genetic diseases, including Down's syndrome, neural tube defects and anencephaly (lack of brain tissue)	Chromosomal and genetic diseases (but not spinal defects)
Results	
One to three weeks, although a new laboratory test, fluorescence in situ hybridization (FISH), can get results in twenty-four hours	One to three weeks
Accuracy	
Greater than 99 percent for detecting chromosomal disorders; 95 percent for neural tube disorders	Equal to amnio for detecting chromosomal disorders
Complications	
Less than 1 percent chance of miscarriage if done after 15 weeks; one study showed that women having it earlier were eleven times more likely to miscarry	Risk of miscarriage is 1 to 2.6 percent; risk of limb defects may be as high as 1 in 3,000, though not all studies have made this connection. The American College of Obstetricians and Gynecologists, in a 1995 committee opinion, said it considers CVS "relatively safe and accurate" when performed at ten to twelve weeks' gestation. However, they advised that while further studies are being done, CVS patients should be informed of the risk of finger or toe defects.

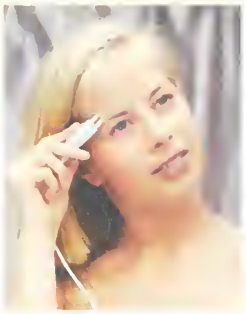
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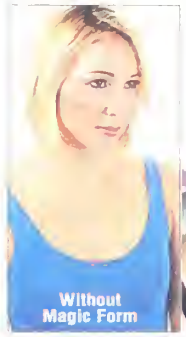


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Help your figure look its best with Magic Form™. These figure-enhancing forms increase your bustline up to two full cup sizes and are so light you won't feel them. No adhesives necessary, slip the pads into your bra and let the silicone gel mold to your form. The result: natural looking cleavage and a more flattering figure. $29.95 plus $9.95 S/H. Call 1-800-911-3771 or send check or M.O. to A-Target Direct, Inc., Dept. LHBC9, 215 8th Avenue Suite 855, New York, NY 10011.







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IA™ CLEAR™ a battery operated Remover is a beauty system scien- designed in Europe for the removal blemishes within seconds. It uses a asive process to destroy bacteria from in and enables the natural healing through the pores. Proven effec- skin problems such as pimples, blem- lackheads, ingrown hairs and mild acne, CLEAR™ safely removes unsightly skin without needles squeezing the skin. It can used safely in conjunction with cleansers, anti-oxidant creams. ***FREE*** IGIA Pre-treat- otions. $89.95 plus $9.50 S/H. Credit card call 1-800-5[illegible]-[illegible]9 or send check or o IGIA™ Direct, Dept. LHCL9, 215 8th Avenue, 55 New York, NY 10011.



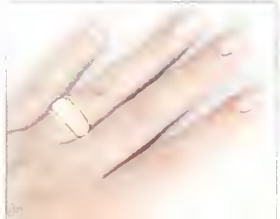
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Varicose veins can be an unattractive, sometimes painful problem at any age. Massaging in Vein Away Cream before bed every night can help reduce the bulging and swelling associated with varicose veins as well as alleviate the pain. Its professional strength formula of 5% Vitamin K in a soothing aloe vera base can also eliminate the appearance of unsightly spider veins- and help keep them from coming back. You'll see very attractive results in no time. $29.95 plus $3.95 S/H FREE Thigh Cream a $20 value. To order call 1-800-523-3823 or send check or M.O. to A-Target Direct, Dept. LHVA9, 1173-A, 2nd Avenue Suite 288, New York, NY 10021



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"I went in for a calculator."



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A WOMAN TODAY

Continued from page 24

with Columbia Michael Reese Hospital and Medical Center, in Chicago, had discovered four infants in the area with finger or toe deformities. In each case, the mother had undergone CVS, and the hospital had later stopped performing the procedure altogether.

Burton's assistant referred me to a CVS support group run by a woman named Cynthia Kernats. Like me, Cynthia had undergone the test, and her daughter Sarah had been born with malformed fingers, a missing toe and facial and jaw abnormalities. Her support group consisted of twenty other families who had children with birth defects after undergoing CVS. Cynthia sent me journal articles that indicated to me that the medical community had known about the dangers of CVS for some time.

In September 1993, Ed and I signed a contract with Sybil Shainwald, a New York City lawyer who specializes in women's health issues. Her firm agreed to represent us on contingency (no payment without a successful judgment). We decided to file suit for $15 million against Emanuel Hospital, the obstetrician who had performed the test, the hospital's genetic counselor, the women's clinic and one of its midwives, as well as the manufacturer of the CVS catheter.

In the midst of all this, we were also exploring surgical options for our daughter. One specialist suggested replacing her hands with prosthetic hooks, but Alex could already grip small objects like utensils and pencils in her strong palm, and we didn't want her to lose the ability to touch.

The trial was set for February 1996. Our lawyers' findings were shocking: Not only had five babies tested through CVS at the hospital been born with missing digits, but four, including Alex, also had hemangiomas—raised strawberry birthmarks, a form of benign tumor—which have since been linked to CVS.

That January, we flew to Portland (we had since moved to Arizona) for a mediation with Shainwald, another lawyer from her office and the o ing counsel. After a long nig talking with her associate, Ed decided against a court battle.

The day after our meeting, went to the judge's chambers t gotiate a settlement with the ho the obstetrician and the manuf er. (A court order bars us fron closing the amount.) We dr the other suits.

Another factor in our decisi settle out of court was that Ale about to undergo the first surg her hands. We ultimately Joseph Upton, M.D., a reconstr plastic surgeon at Boston's Chil Hospital. He would perform a of operations to create thumbs her second toes and to form a pinkie from a toe bone and the on the side of her right hand.

Alex is learning to manipula new thumbs; as she grows adept, she'll be able to pick up objects, like cups. She won't more fingers made for her, alt the thumbs and pinkie may ne be elongated in a few years.

It's been a long journey to this point—and keeping in with the CVS support group ha tainly helped. I realize now th five-year-old daughter is luckie a lot of other children, and th disability is not the end of the Alex's hands have come to see like a handicap, mostly becau her amazing attitude. When ki about her fingers, she says mat factly, "I was born that way."

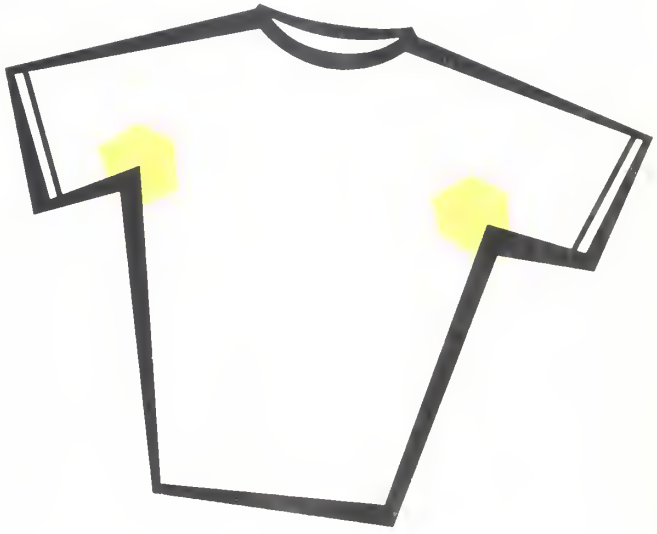
Alex loves to show off he thumbs to friends and strangers to have the nails polished in red. She never fails to surpris delight us with her indomitable The other day she said to "Mom, do you know what I w do? I want to play the piano!"

I looked into her smiling, mined face and said with a heart, "Alex, I believe you will!"

For information on the CVS suppo group, contact Cynthia Kernats, 15706 Independence Court, Oak L IL 60452; 708-535-2864.



T-SHIRT.



DUST RAG.

s a solution: Ban Roll-On. It doesn't leave yellow stains.

ɔecause, unlike some other anti-perspirants, Ban doesn't contain oils that ıtribute to staining white cotton. And Ban Roll-On helps prevent the perspiration ı also cause yellowing. All this, with the effective, all-day odor and wetness ıon that you've come to expect from Ban products. No wonder we're the leading Besides, who needs another dust rag?



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All day protection from odor and wetness

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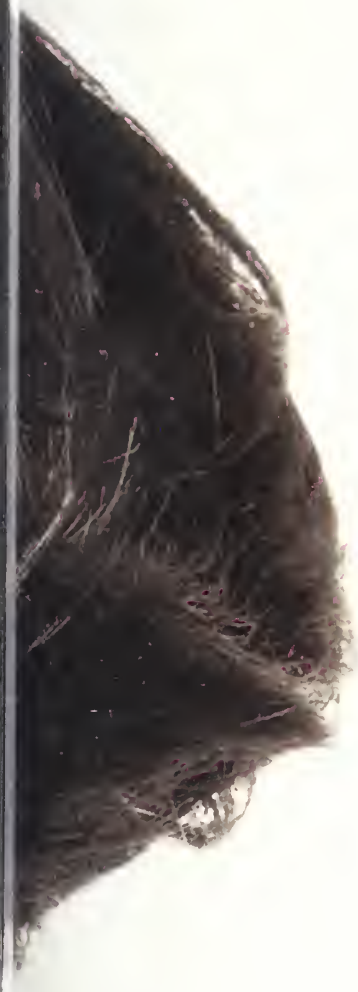
Ban Roll-On. Protection for you *and* your clothes.



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See how great your hair can be.



Find your combination.

Micaela found her delicate hair could be shiny and strong with Gentle 3 Shampoo plus Fortifying F Conditioner. And she gives it a boost with Maximum Control 15 Mousse.



http://www.yoursalon.com

It's your future.
BE THERE.



Your future is too valuable a thing to risk with **high cholesterol.** If you do something now, you may improve your chances of being there to play your part.

High cholesterol can lead to heart disease (and death). If you've been trying to lower your cholesterol with diet and exercise and still haven't reached your goal, ask your doctor about adding ZOCOR.

More than 3.1 million people around the world have taken ZOCOR. It works by reducing potentially dangerous levels of LDL (bad) cholesterol in the bloodstream. Results can vary, but ZOCOR is the only medicine that's actually been proven to help save the lives of people with high cholesterol and heart disease.

A landmark five-year study among heart disease patients with high cholesterol demonstrated dramatic results for ZOCOR: fewer cardiac procedures, fewer heart attacks, and 42% fewer deaths from heart disease.

ZOCOR is a prescription medication and only your doctor or health care professional can determine whether you should take it. In clinical studies, liver abnormalities were experienced by 1% of patients. Some people should not take ZOCOR: people with active liver disease or possible liver problems, women who are pregnant, likely to become pregnant, or are breast-feeding, or people who are allergic to any of its ingredients.

When you talk to your doctor about ZOCOR, be sure to mention any medications you are taking, to avoid possible serious drug interactions. Be sure to tell your doctor if you experience any unexplained muscle pain or weakness while taking ZOCOR, since this could be a sign of serious side effects. Finally, discuss any other side effects with your doctor.

To get your free copy of "Surviving High Cholesterol," call **1-800-363-5494.** Visit our Web site at **http://www.zocor.com**

Please read the next page for a summary of prescribing information and discuss it with your doctor.

ZOCOR® (SIMVASTATIN)

Ask your doctor about ZOCOR– the only cholesterol medicine proven to help save lives among people with high cholesterol and heart disease.

- Does my high cholesterol put me at risk?
- Should I consider adding ZOCOR to my diet and exercise plan?
- Could ZOCOR reduce my chances of having a heart attack?
- What are the side effects of ZOCOR?
- What type of results can I expect from ZOCOR?

ZOCOR is indicated as an addition to diet for patients with high cholesterol when diet and exercise are inadequate.

ZOCOR. The cholesterol medicine that helps save lives. MERCK

ZOCOR®
(SIMVASTATIN)

PLEASE READ THIS SUMMARY CAREFULLY, AND THEN ASK YOUR DOCTOR ABOUT ZOCOR. NO ADVERTISEMENT CAN PROVIDE ALL THE INFORMATION NEEDED TO PRESCRIBE A DRUG. THIS ADVERTISEMENT DOES NOT TAKE THE PLACE OF CAREFUL DISCUSSIONS WITH YOUR DOCTOR. ONLY YOUR DOCTOR HAS THE TRAINING TO WEIGH THE RISKS AND BENEFITS OF A PRESCRIPTION DRUG FOR YOU.

USES OF ZOCOR

ZOCOR is a prescription drug that is indicated as an addition to diet for many patients with high cholesterol when diet and exercise are inadequate. For patients with coronary heart disease (CHD) and high cholesterol, ZOCOR is indicated as an addition to diet to reduce the risk of death by reducing coronary death, to reduce the risk of heart attack, and to reduce the risk for undergoing myocardial revascularization procedures (coronary artery bypass grafting and percutaneous transluminal coronary angioplasty).

WHEN ZOCOR SHOULD NOT BE USED

Some people should not take ZOCOR. Discuss this with your doctor.

ZOCOR should not be used by patients who are allergic to any of its ingredients. In addition to the active ingredient simvastatin, each tablet contains the following inactive ingredients: cellulose, lactose, magnesium stearate, iron oxides, talc, titanium dioxide, and starch. Butylated hydroxyanisole is added as a preservative.

Patients with liver problems: ZOCOR should not be used by patients with active liver disease or repeated blood test results indicating possible liver problems. (See WARNINGS.)

Women who are or may become pregnant: Pregnant women should not take ZOCOR because it may harm the fetus. **Women of childbearing age should not take ZOCOR unless it is highly unlikely that they will become pregnant.** If a woman does become pregnant while on ZOCOR, she should stop taking the drug and talk to her doctor at once.

Women who are breast-feeding should not take ZOCOR.

WARNINGS

Liver: About 1% of patients who took ZOCOR in clinical trials developed elevated levels of some liver enzymes. Patients who had these increases usually had no symptoms. Elevated liver enzymes usually returned to normal levels when therapy with ZOCOR was stopped.

Your doctor should perform routine blood tests to check these enzymes before you start treatment with ZOCOR and periodically thereafter (for example, semiannually) for your first year of treatment or until one year after your last elevation in dose. If your enzyme levels increase, your doctor should order more frequent tests. If your liver enzyme levels remain unusually high, your doctor should discontinue your medication.

Tell your doctor about any liver disease you may have had in the past and about how much alcohol you consume. ZOCOR should be used with caution in patients who consume large amounts of alcohol.

Muscle: Tell your doctor right away if you experience any muscle pain, tenderness, or weakness at any time during treatment with ZOCOR, particularly if you have a fever or if you are generally not feeling well, so your doctor can decide if ZOCOR should be stopped. Some patients may have muscle pain or weakness while taking ZOCOR. Rarely, this can include muscle breakdown resulting in kidney damage. The risk of muscle breakdown is greater in patients taking certain other drugs along with ZOCOR, such as the lipid-lowering drug Lopid* (gemfibrozil), a fibrate; lipid-lowering doses of nicotinic acid (niacin); the antibiotic erythromycin; antifungal drugs that are azole derivatives, such as itraconazole; or drugs that suppress the immune system (called immunosuppressive drugs, such as Sandimmune [cyclosporine]). Therapy with ZOCOR should be temporarily interrupted if you are going to take an azole derivative antifungal medication, such as itraconazole. Patients using ZOCOR along with any of these other drugs should be carefully monitored by their physician. The risk of muscle breakdown is greater in patients with kidney problems or diabetes.**

If you have conditions that can increase your risk of muscle breakdown, which in turn can cause kidney damage, your doctor should temporarily withhold or stop ZOCOR. Such conditions include severe infection, low blood pressure, major surgery, trauma, severe metabolic, endocrine and electrolyte disorders, and uncontrolled seizures. Discuss this with your doctor, who can explain these conditions to you.

Because there are risks in combining therapy with ZOCOR with lipid-lowering doses of nicotinic acid (niacin) or with drugs that suppress the immune system, your doctor should carefully weigh the potential benefits and risks. He or she should also carefully monitor patients for any muscle pain, tenderness, or weakness, particularly during the initial months of therapy and if the dose of either drug is increased. Your doctor may also monitor the level of certain muscle enzymes in your body, but there is no assurance that such monitoring will prevent the occurrence of severe muscle disease.

PRECAUTIONS

Before starting treatment with ZOCOR, try to lower your cholesterol by other methods such as diet, exercise, and weight loss. Ask your doctor about how best to do this. Any other medical problems that can cause high cholesterol should also be treated.

ZOCOR is less effective in patients with the rare disorder known as homozygous familial hypercholesterolemia.

Drug Interactions: Because of possible serious drug interactions, it is important to tell your doctor what other drugs you are taking, including those obtained without a prescription.

ZOCOR® (simvastatin) can interact with Lopid, niacin, erythromycin, certain antifungal drugs that suppress the immune system (called immunosuppressive drugs, such as Sandimm... WARNINGS, Muscle.)

Some patients taking lipid-lowering agents similar to ZOCOR and coumarin anticoagulant (... blood thinner) have experienced bleeding and/or increased blood clotting time. Patients t... medicines should have their blood tested before starting therapy with ZOCOR and should ... be monitored.

Endocrine (Hormone) Function: ZOCOR and other drugs in this class may affect the pr... certain hormones. Caution should be exercised if a drug used to lower cholesterol levels is ad... to patients also receiving other drugs (e.g., ketoconazole, spironolactone, cimetidine) that m... the levels or activity of hormones. If you are taking any such drugs, tell your doctor.

Central Nervous System Toxicity; Cancer, Mutations, Impairment of Fertility: ... prescription drugs, ZOCOR was required to be tested on animals before it was marketed for ... Often these tests were designed to achieve higher drug concentrations than humans achiev... mended dosing. In some tests, the animals had damage to the nerves in the central nervous ... studies of mice with high doses of ZOCOR, the likelihood of certain types of cancerous tumor... No evidence of mutations of or damage to genetic material has been seen. In one study w... there was decreased fertility in male rats.

Pregnancy: Pregnant women should not take ZOCOR because it may harm the fetus.

Safety in pregnancy has not been established. There have been no reports of birth defects in ... of patients taking ZOCOR. However, in studies with lipid-lowering agents similar to ZOCOR ... been rare reports of birth defects of the skeleton and digestive system. Therefore, women of c... age should not take ZOCOR unless it is highly unlikely they will become pregnant. If a w... become pregnant while taking ZOCOR, she should stop taking the drug and talk to her doctor a... active ingredient of ZOCOR did not cause birth defects in rats at 6 times the human dose or ... 4 times the human dose.

Nursing Mothers: Drugs taken by nursing mothers may be present in their breast milk. Be... potential for serious adverse reactions in nursing infants, a woman taking ZOCOR should ... teed. (See WHEN ZOCOR SHOULD NOT BE USED.)

Pediatric Use: ZOCOR is not recommended for children or patients under 20 years of age.

SIDE EFFECTS

Most patients tolerate treatment with ZOCOR well; however, like all prescription drugs, ZOCO... side effects, and some of them can be serious. Side effects that do occur are usually mil... lived. Only your doctor can weigh the risks versus the benefits of any prescription drug. In c... ies with ZOCOR, less than 1.5% of patients dropped out of the studies because of side effects ... long-term study, patients taking ZOCOR experienced similar side effects to those patients tak... (sugar pills). Some of the side effects that have been reported with ZOCOR or related drug... below. This list is not complete. Be sure to ask your doctor about side effects before taking ... to discuss any side effects that occur.

Digestive System: Constipation, diarrhea, upset stomach, gas, heartburn, stomach pa... anorexia, loss of appetite, nausea, inflammation of the pancreas, hepatitis, jaundice, fatty ch... liver, and, rarely, severe liver damage and failure, cirrhosis, and liver cancer.

Muscle, Skeletal: Muscle cramps, aches, pain, and weakness; joint pain, muscle breakd...

Nervous System: Dizziness, headache, insomnia, tingling, memory loss, damage to ner... weakness and/or loss of sensation and/or abnormal sensations, anxiety, depression, tre... balance, psychic disturbances.

Skin: Rash, itching, hair loss, dryness, nodules, discoloration.

Eye/Senses: Blurred vision, altered taste sensation, progression of cataracts, eye muscle ...

Hypersensitivity (Allergic) Reactions: On rare occasions, a wide variety of symptoms ... reported to occur either alone or together in groups (referred to as a syndrome) that appeared ... on allergic-type reactions, which may rarely be fatal. These have included one or more of the ... severe generalized reaction that may include shortness of breath, wheezing, digestive sympto... blood pressure and even shock; an allergic reaction with swelling of the face, lips, tongue and/... difficulty swallowing or breathing; symptoms mimicking lupus (a disorder in which a perso... system may attack parts of his or her own body); severe muscle and blood vessel inflammati... various disorders of blood cells (that could result in anemia, infection, or blood clotting p... abnormal blood tests; inflamed or painful joints; hives; fatigue and weakness; sensitivity to su... chills; flushing; difficulty breathing; and severe skin disorders that vary from rash to a seriou... shedding of skin all over the body, including mucous membranes such as the lining of the m...

Other: Loss of sexual desire, breast enlargement, impotence.

Laboratory Tests: Liver function test abnormalities including elevated alkaline phosphatas... bin; thyroid function abnormalities.

NOTE: This summary provides important information about ZOCOR. If you w... more information, ask your doctor or pharmacist to let you read the professiona... and then discuss it with them.

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J...

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eorgia Nurse Investigated And Almost Arrested For Losing 73 Pounds!

)u ever notice that when you're people actually stare at you ı eat? It's as if they want to tap he shoulder and say, "If you eat that stuff, you wouldn't be

My name is Sharon Brodie. t know me from Adam. But I'm rson. I live near Sandy Springs, And, up until two years ago, ıe fat lady that everyone was t.

too tired to go out with my t night. I was even embarrassed ıt on weekends by myself. I when I walked. I sweat when wore anything loose that would aight down and wouldn't cling. t even cross my legs. I wasn't rweight." I was fat. I was 5'7" hed 202 pounds.

to my doctor for help. But I ptimistic. During the previous ars I'd tried 16 *different* diets. ne. And I failed at all of them.

octor listened carefully then nded an entirely different This wasn't a "diet." It was a veight-loss program researched am of bariatric physicians — ts who treat the severely obese. gram itself was developed by ooper, M.D. of Atlanta, Georgia.

ted the program on May 17th. he first four days, I only lost)unds. So I was disappointed. ring the three weeks that , my weight began to drop. y. Week after week. Within the 5 days, I went from 202 pounds)unds. To me it was a miracle. s the first time in my life I'd t weight and not felt like I was to death.

eal reason the program worked ple: I was *always eating*!

ıld eat *six times every day*. ver felt deprived. Never hungry. snack in the morning. I could efore dinner. I could even snack while I was watching TV.

v what you're thinking, "How can so much and still lose weight?"

isingly, the secret is *not* in the of food you eat.

n the prescribed selection and *tion of foods* you eat during 4-hour period — nutritionally ortions of special fiber, unrefined drates, and certain proteins reate a metabolic process that es all day long. Calories are over a much longer period each day. Not just in unhealthy "spurts" like many diets. That's precisely why the program lets you lose weight *without hunger* ... without nervousness ... without feeling deprived.

There are no special foods to buy. Everything's available at your local supermarket.

And, it's all good wholesome food. Nothing weird. You'll enjoy a wide variety of delicious meats, chicken, fish, vegetables, potatoes, pasta, sauces — plus your favorite snacks. Lots of snacks.

For over four years The Clinic-30 Program has been available *only* to doctors. No one else. In fact, it's been used by a wide variety of family physicians throughout the U.S. and Canada *specifically* to assist their patients in losing weight.

So it's *doctor-tested*.

And *now* it's available to the public.

Consider these facts:

- There are no drugs. No pills. No powders. Nothing artificial.
- Everything you'll need is at your local supermarket.
- You don't count calories. Just follow the program. Everything is spelled out for you in easy-to-follow steps.
- It's low in sodium. So you don't hold water.

But here's the best part ...

Once you lose the weight, you can keep it off. Because you're *not starving yourself*. You're not hungry all the time.

Let's face it. We all have "eating lifestyles." Our eating habits usually include three meals a day plus two or three snacks. We all love snacks. Especially at night.

But most "diets" force us to change all that.

And that's *precisely* why they fail!

The Clinic-30 Program is different. It lets you continue your *normal eating lifestyle*. You can eat six times a day. You can snack when you wish. So when you lose the weight, you can keep it off. Because no one's forcing you to change.

One person commented, "... there's so much food on the program, I can hardly eat it all!"

Here are a few of the other people who participated in The Clinic-30 Program ...

Kitty R. lost 56 pounds and went from a size 18 to a size 10 dress.

"The Clinic-30 Program works! I'm an example. What I like best is that I can eat six times a day and lose weight! I recommended it to a couple of friends and they started losing weight, too!"

Anne G., High Point, NC loves wearing a size 10!

"I lost 25 lbs. in two months. I talk about it so much that others in my workplace have bought their own programs. I was even able to keep it off during the holidays. I am so proud of myself!"

Obviously, everyone's results will vary because each of us is different. But we've received *literally stacks* of *unsolicited* letters from people all over America telling us how much weight they lost. You should see them. One couple even told us "... Between the two of us we've lost 150 pounds!"

And then there's me. About 4 months ago I was stopped by a policeman for not using my turning signal. When he looked at my driver's license he claimed it wasn't mine. He said it had someone else's picture on it.

After he called for a computer check, he came back to the car smiling. "You must have lost a lot of weight. This picture doesn't even look like you." I agreed. In a way, it was one of the nicest "warnings" I'd ever received.

The Clinic-30 Program worked for me when nothing else would. Nothing.

We'll be happy to send you the program to examine for 35 days. Show it to your doctor. Try it. There's *no obligation*. In fact, your check won't be cashed for 31 days. You may even postdate it 31 days in advance, if you wish.

Choose a day and start the program. If you don't begin losing weight within five days — and continue losing weight — we'll promptly return your original uncashed check. No delays. No excuses.

Or keep it longer. Try it for six months. Even then, if you're not completely satisfied, we'll send you a refund. Promptly. And without question. This is the fairest way we know to prove to you how well this program works.

To order, just send your name, address and postdated check for $12.95 (plus $3.00 shipping/handling) to The Clinic-30 Program, c/o Green Tree Press, Inc., Dept. 208, 3603 West 12th Street, Erie, PA 16505.

For even faster service, call TOLL FREE 1-800-834-3888 and charge it to a major credit card.

Read dozens of letters from successful Clinic-30 users. Visit our website: www.GreenTreePress.com

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BEAUTY & FASHION JOURNAL

On The Trail Of A trend

Do all the makeup companies employ the same psychic? Then how is it that all of them suddenly have *gold* nail polish in their lines?

The real answer is only a little more scientific and requires going back more than a year, when color forecasters—companies all cosmetics firms employ—started working on their fall 1997 recommendations. They sensed a "retro" feeling in the air, evidenced by movies like *Evita*, home furnishings with a from-your-grandma's-attic patina, cars with brushed-metal finishes and so on. Gold, they decided, with its sense of faded opulence, is the trend's logical nailcolor translation. One result: Orly's Eye of the Tiger polish with its beautiful aged-metal look.



editor's PICK

"Give them something worth talking about" is the tag-line of gossip columnist Cindy Adams's new fragrance, and sure enough, with its flirtatious blend of osmanthus petals and violets, topaz tangerine and jasmine tea, the scent is almost as irresistible as . . . well, as dishing the dirt. $18.50, 1 fl. oz.





EYE OPENERS

Every woman past thirty wants her eyes to look bigger and less tired, and this soft-effect eyeliner technique from Sandy Linter, of New York City's Stephen Knoll salon, really works.

step 1

Along the lashline, use a pencil to create a series of small dashes—not one hard, continuous line



step 2

Use an angled-wedge eye brush to retrace line, blending as you smudge



step 3

With a small brush, set liner by covering lightly with same-shade eyeshadow




Support and beauty
have become one.
You could call it a beautiful bra
that supports. Or a support bra
that's beautiful. But we
call it Full Elegance.™
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THE ONE YOU
LOVE TO WEAR®

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LINES



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dear beauty doctor:

Q **I've been using a dandruff shampoo for two weeks, but my scalp is still itchy and flaky. Now what?**

A "Dandruff is the result when dead skin cells combine with oils from the scalp and clump together, instead of exfoliating normally," says Seth Matarasso, M.D., associate clinical professor of dermatology at the University of California School of Medicine, in San Francisco. "And using a medicated shampoo is the correct first step to fight it. But you may need to switch brands. Some, like Head & Shoulders, have selenium sulfide as their active ingredient; others have coal tar or salicylic acid. Your hair may respond better to one formulation over the other. If you see no improvement after a couple of weeks, you may have a fungal infection, and a dermatologist can prescribe an antifungal shampoo called Nizoral. A doctor will also be able to tell whether the dandruff is caused by some other problem, like psoriasis."

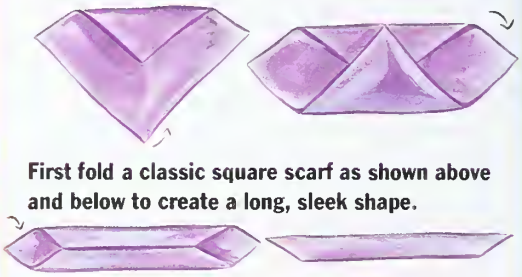
did you know?

Chain stores such as Rite Aid, CVS and Walgreens provide a full refund on cosmetics purchases, no questions asked. You need a receipt, but it's okay if you've busted the blister pack.

STYLEWATCH

SHEER WRAPTURE

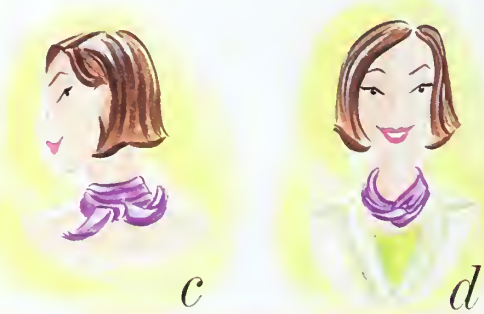
Do you find bulky beaded necklaces a, um, pain in the neck? This style trick, courtesy of the experts at Hermés, mimics the effect without the discomfort. All you need is a featherweight scarf.



First fold a classic square scarf as shown above and below to create a long, sleek shape.



Drape the scarf around your neck with ends in front of you, making sure each is equal in length. Crisscross twice (a). Using both hands, flip each end behind your shoulders; pull until the wrap has a comfortable tightness (b) and tie in a secure double knot (c). Make sure the section where the scarf appears to interlock is front and center (d) and you're set!



ut touchable hair where it ought to be.
Right at your fingertips.



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New Finesse
Deep Fortifying Conditioner

has a hydrating silk protein formula that deeply conditions every strand in just 3 minutes. So now even damaged hair can be touchable hair.

nesse. Get the Look that gets the Touch.





SHORT TAKES

The shag, that sexy mess of a cut that's been around since the sixties, is still going strong as the favorite hairstyle of American women. Its latest incarnation—all the rage in Hollywood—is a sleeker, less choppy, more polished version, as Meg Ryan's and Lisa Rinna's tousled tops so attractively demonstrate.

Now that you've seen the cut, the question is, should you wear it, too? We asked Gad Cohen, one of New York City's most in-demand stylists, to count the good things shag chic can do for you.

Make your hair wash and wear. Providing your locks aren't curly, frizzy or super straight, the new shag looks terrific air-dried straight out of the shower. Imagine what you could do with all that saved blow-drying time!

Free you from product dependence. No more hair bands, jaw clips, styling gels and other assorted goops. Properly cut, your hair should find its way into place all by itself.

Have your own unique look. The nature of the shag is that no two cuts are precisely alike. All vary according to a woman's hair texture, facial proportions and neck length.

Take off years. Hair with movement just *seems* youthful, and wisps that frame the face actually can obscure sagging skin.

EXERCISE OF THE MONTH

According to *Buns of Steel* star Tamilee Webb, aerobic workouts alone won't firm your rear. The best butt toner is the basic squat, because it really works the gluteus maximus muscles. To do it, keep back straight, head up, torso bent forward about 30 degrees. Lower your body as if about to sit in a chair. As your rear grazes the seat, push back with your heels to the starting position. Do two sets of ten, three times a week.

SEE YOUR DOCTOR BEFORE BEGINNING ANY EXERCISE PROGRAM



Women think black is the mo flattering color, but they're wrong. Pink adds a cosmetic-like radiance and warmth. Black drains the skin of colo pink delights the eye.

—Oscar de la Renta

Booting Up

There's no better way to keep your toes toasty and your feet dry this winter than in a pair of construction boots. And, thanks to their slimmed-down look, higher heel and more tapered toe, they've also gone chic!







AYS TO BUG YOUR FRIENDS

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FASHION BUG



THE SMART WAY TO INVEST

No matter how good the tip sounds, if you're an amateur investor, you're probably better off not trying to buy stocks on your own, according to a recent study by Terrance Odean, Ph.D., at the University of California, Berkeley, Haas School of Business. Odean studied 10,000 accounts at a discount brokerage firm and found that individuals aren't very good at deciding when to buy or sell stocks. Over a one-year period, the stocks they bought trailed an index of all major stocks by 2.7 percentage points. Investment advisers generally recommend that, instead of buying individual stocks, small investors put most of their money in mutual funds. —Carmine Gallo, *Your Money*

Quote Of The Month

"I was never one of those women who got to be thirty years old and thought, Should I have a baby? I knew from the time I was ten years old that I was going to be a mother, and that I was going to have a lot of kids." —Rosie O'Donnell, while appearing on *Larry King Live*

Drowsy & Dangerous

What could be worse than meeting a drunk driver on the highway? Recent research suggests that there may be an even more dangerous road hazard: the sleep-deprived driver.

Scientists at Stanford University, in Palo Alto, California, have been conducting experiments comparing the reaction time of volunteers who have had too much to drink with others who have not had enough sleep. They have found that fatigue seriously impairs a driver's reflexes, and that driving while tired is especially dangerous when combined with even a small amount of alcohol.

—Dan Rutz, *Your Health*

CAN YOU TRUST THE MENU?

If you're health-conscious, you choose dishes from restaurant menus with those little nutrition symbols next to them, such as the "Healthy Heart" items. But can you trust these labels?

Recently, the Food and Drug Administration ruled that restaurant menus must meet standards similar to those covering food packaging. For example, if an entrée is identified as "low-fat," no more than 30 per cent of its calories can come from fat.

But don't expect detailed nutrition labels on the menu. Restaurants have to provide information only if customers ask for it. So it's up to the consumer to check out these claims, says Leila Farzan, senior staff attorney for the Center for Science in the Public Interest, in Washington, D.C. Among other things, consumers still need to be aware that most restaurants serve larger-than-average portions. And while a "healthy" item must be low in fat, cholesterol and sodium, there are no limits on the amount of sugar or calories it may contain.

—Eugenia Halsey, *On the Menu*

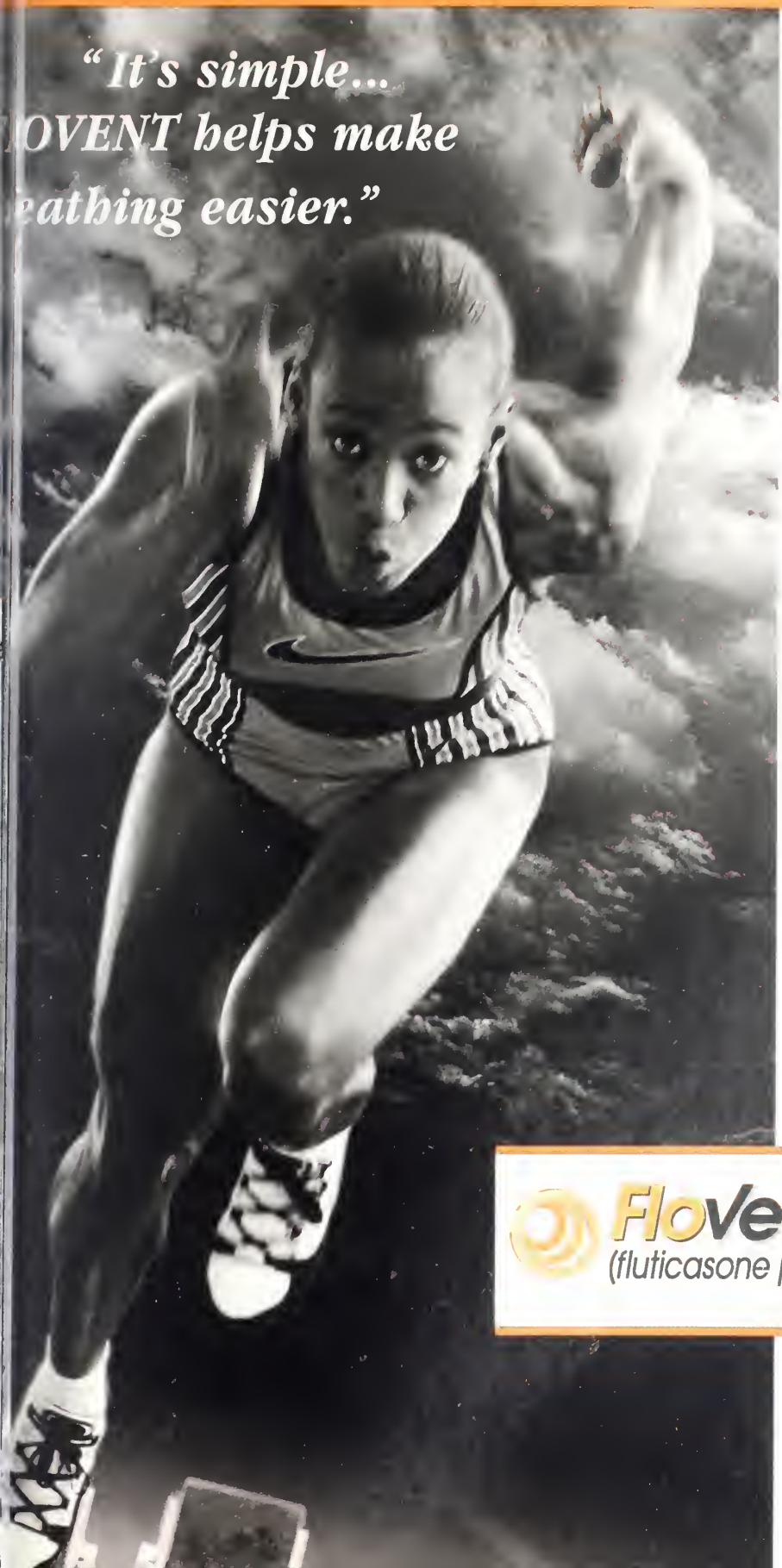


Is it really "low-fat"?

Watch CNN's On the Menu for enticing reports on food, nutrition and cuisine (Saturday, 1 P.M., E.T.) and Your Health for the week's top medical news (Saturday, 2 P.M., E.T.).

inning with Asthma: Jackie Joyner-Kersee

WORLD CHAMPION AND THREE-TIME OLYMPIC GOLD MEDAL WINNER



"I thought I was really in control of my asthma. But then my doctor gave me FLOVENT. What a change! I can breathe easier now. Breathe deeply. I feel great! Don't wait another second. Talk to your doctor today about FLOVENT."

Individual results may vary

- *Prevents swelling of the airways that causes asthma symptoms.*
- *Works with just two puffs twice a day*
- *No unpleasant aftertaste in over 99% of patients.*

ASK YOUR DOCTOR ABOUT FLOVENT.

FLOVENT is NOT indicated for the relief of sudden asthma symptoms.

FLOVENT is available only by prescription for the treatment and prevention of asthma in patients 12 and older.

The most common drug-related side effects in clinical studies were: headache (≤4%), oral thrush (≤3%), sore throat (≤2%), hoarseness (3%), and cough (≤1%).

If you take FLOVENT, you should avoid exposure to measles or chickenpox. If you are exposed, call your doctor immediately.

BREATHING MADE EASIER.

FloVent® 44 110
(fluticasone propionate) Inhalation Aerosol



PLEASE SEE IMPORTANT INFORMATION ON FOLLOWING PAGE.

FOR MORE INFORMATION
CALL: 1 800 611-7310 EXT: 316

GlaxoWellcome

FLOVENT® 44 mcg
(fluticasone propionate, 44 mcg)
Inhalation Aerosol

FLOVENT® 110 mcg
(fluticasone propionate, 110 mcg)
Inhalation Aerosol

FLOVENT® 220 mcg
(fluticasone propionate, 220 mcg)
Inhalation Aerosol

For Oral Inhalation Only

BRIEF SUMMARY

The following is a brief summary only; see full prescribing information for complete product information.

CONTRAINDICATIONS: FLOVENT Inhalation Aerosol is contraindicated in the primary treatment of status asthmaticus or other acute episodes of asthma where intensive measures are required.

Hypersensitivity to any of the ingredients of these preparations contraindicates their use.

WARNINGS:

Particular care is needed for patients who are transferred from systemically active corticosteroids to FLOVENT Inhalation Aerosol because deaths due to adrenal insufficiency have occurred in asthmatic patients during and after transfer from systemic corticosteroids to less systemically available inhaled corticosteroids. After withdrawal from systemic corticosteroids, a number of months are required for recovery of hypothalamic-pituitary-adrenal (HPA) function.

Patients who have been previously maintained on 20 mg or more per day of prednisone (or its equivalent) may be most susceptible, particularly when their systemic corticosteroids have been almost completely withdrawn. During this period of HPA suppression, patients may exhibit signs and symptoms of adrenal insufficiency when exposed to trauma, surgery, or infection (particularly gastroenteritis) or other conditions associated with severe electrolyte loss. Although fluticasone propionate inhalation aerosol may provide control of asthma symptoms during these episodes, in recommended doses it supplies less than normal physiological amounts of glucocorticoid systemically and does NOT provide the mineralocorticoid activity that is necessary for coping with these emergencies.

During periods of stress or a severe asthma attack, patients who have been withdrawn from systemic corticosteroids should be instructed to resume oral corticosteroids (in large doses) immediately and to contact their physicians for further instruction. These patients should also be instructed to carry a warning card indicating that they may need supplementary systemic corticosteroids during periods of stress or a severe asthma attack.

Patients requiring oral corticosteroids should be weaned slowly from systemic corticosteroid use after transferring to fluticasone propionate inhalation aerosol. In a trial of 96 patients, prednisone reduction was successfully accomplished by reducing the daily prednisone dose by 2.5 mg on a weekly basis during transfer to inhaled fluticasone propionate. Successive reduction of prednisone dose was allowed only when lung function, symptoms, and as-needed beta-agonist use were better than or comparable to that seen before initiation of prednisone dose reduction. Lung function (forced expiratory volume in 1 second [FEV$_1$] or morning peak expiratory flow rate [AM PEFR]), beta-agonist use, and asthma symptoms should be carefully monitored during withdrawal of oral corticosteroids. In addition to monitoring asthma signs and symptoms, patients should be observed for signs and symptoms of adrenal insufficiency such as fatigue, lassitude, weakness, nausea and vomiting, and hypotension.

Transfer of patients from systemic corticosteroid therapy to fluticasone propionate inhalation aerosol may unmask conditions previously suppressed by the systemic corticosteroid therapy, e.g., rhinitis, conjunctivitis, eczema, and arthritis.

Persons who are on drugs that suppress the immune system are more susceptible to infections than healthy individuals. Chickenpox and measles, for example, can have a more serious or even fatal course in susceptible children or adults on corticosteroids. In such children or adults who have not had these diseases, particular care should be taken to avoid exposure. How the dose, route, and duration of corticosteroid administration affects the risk of developing a disseminated infection is not known. The contribution of the underlying disease and/or prior corticosteroid treatment to the risk is also not known. If exposed to chickenpox, prophylaxis with varicella zoster immune globulin (VZIG) may be indicated. If exposed to measles, prophylaxis with pooled intramuscular immunoglobulin (IG) may be indicated. (See the respective package inserts for complete VZIG and IG prescribing information.) If chickenpox develops, treatment with antiviral agents may be considered.

Fluticasone propionate inhalation aerosol is not to be regarded as a bronchodilator and is not indicated for rapid relief of bronchospasm.

As with other inhaled asthma medications, bronchospasm may occur with an immediate increase in wheezing after dosing. If bronchospasm occurs following dosing with FLOVENT Inhalation Aerosol, it should be treated immediately with a fast-acting inhaled bronchodilator. Treatment with FLOVENT Inhalation Aerosol should be discontinued and alternative therapy instituted.

Patients should be instructed to contact their physicians immediately when episodes of asthma that are not responsive to bronchodilators occur during the course of treatment with fluticasone propionate inhalation aerosol. During such episodes, patients may require therapy with oral corticosteroids.

PRECAUTIONS:

General: During withdrawal from oral corticosteroids, some patients may experience symptoms of systemically active corticosteroid withdrawal, e.g., joint and/or muscular pain, lassitude, and depression, despite maintenance or even improvement of respiratory function.

Fluticasone propionate will often permit control of asthma symptoms with less suppression of HPA function than therapeutically equivalent oral doses of prednisone. Since fluticasone propionate is absorbed into the circulation and can be systemically active at higher doses, the beneficial effects of fluticasone propionate inhalation aerosol in minimizing HPA dysfunction may be expected only when recommended dosages are not exceeded and individual patients are titrated to the lowest effective dose. A relationship between plasma levels of fluticasone propionate and inhibitory effects on stimulated cortisol production has been shown after 4 weeks of treatment with fluticasone propionate inhalation aerosol. Since individual sensitivity to effects on cortisol production exists, physicians should consider this information when prescribing fluticasone propionate inhalation aerosol.

Because of the possibility of systemic absorption of inhaled corticosteroids, patients treated with these drugs should be observed carefully for any evidence of systemic corticosteroid effects. Particular care should be taken in observing patients postoperatively or during periods of stress for evidence of inadequate adrenal response.

It is possible that systemic corticosteroid effects such as hypercorticism and adrenal suppression may appear in a small number of patients, particularly at higher doses. If such changes occur, fluticasone propionate inhalation aerosol should be reduced slowly, consistent with accepted procedures for reducing systemic corticosteroids and for management of asthma symptoms.

A reduction of growth velocity in children or teenagers may occur as a result of inadequate control of chronic diseases such as asthma or from use of corticosteroids for treatment. Physicians should closely follow the growth of adolescents taking corticosteroids by any route and weigh the benefits of corticosteroid therapy and asthma control against the possibility of growth suppression if an adolescent's growth appears slowed.

The long-term effects of fluticasone propionate in human subjects are not fully known. In particular, the effects resulting from chronic use of fluticasone propionate on developmental or immunologic processes in the mouth, pharynx, trachea, and lung are unknown. Some patients have received fluticasone propionate inhalation aerosol on a continuous basis for periods of 3 years or longer. In clinical studies with patients treated for nearly 2 years with inhaled fluticasone propionate, no apparent differences in the type or severity of adverse reactions were observed after long- versus short-term treatment.

Rare instances of glaucoma, increased intraocular pressure, and cataracts have been reported following the inhaled administration of corticosteroids.

In clinical studies with inhaled fluticasone propionate, the development of localized infections of the pharynx with *Candida albicans* has occurred. When such an infection develops, it should be treated with appropriate local or systemic (i.e., oral antifungal) therapy while remaining on treatment with fluticasone propionate inhalation aerosol, but at times therapy with fluticasone propionate may need to be interrupted.

Inhaled corticosteroids should be used with caution, if at all, in patients with active or quiescent tuberculosis infection of the respiratory tract; untreated systemic fungal, bacterial, viral or parasitic infections; or ocular herpes simplex.

Information for Patients: Patients being treated with FLOVENT Inhalation Aerosol should receive the following information and instructions. This information is intended to aid them in the safe and effective use of this medication. It is not a disclosure of all possible adverse or intended effects.

Patients should use FLOVENT Inhalation Aerosol at regular intervals as directed. Results of clinical trials indicated significant improvement may occur within the first day or two of treatment; however, the full benefit may not be achieved until treatment has been administered for 1 to 2 weeks or longer. The patient should not increase the prescribed dosage but should contact the physician if symptoms do not improve or if the condition worsens.

Patients should be warned to avoid exposure to chickenpox or measles and, if they are exposed, to consult their physicians without delay.

For the proper use of FLOVENT Inhalation Aerosol and to attain maximum improvement, the patient should read and follow carefully the Patient's Instructions for Use accompanying the product.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Fluticasone propionate demonstrated no tumorigenic potential in studies of oral doses up to 1,000 mcg/kg (approximately two times the maximum human daily inhalation dose based on mcg/m^2) for 78 weeks in the mouse or inhalation of up to 57 mcg/kg (approximately 1/4 the maximum human daily inhalation dose based on mcg/m^2) for 104 weeks in the rat.

Fluticasone propionate did not induce gene mutation in prokaryotic or eukaryotic cells in vitro. No significant clastogenic effect was seen in cultured human peripheral lymphocytes in vitro or in the mouse micronucleus test when administered at high doses by the oral or subcutaneous routes. Furthermore, the compound did not delay erythroblast division in bone marrow.

No evidence of impairment of fertility was observed in reproductive studies conducted in rats dosed subcutaneously with doses up to 50 mcg/kg (approximately 1/4 the maximum human daily inhalation dose based on mcg/m^2) in males and females. However, prostate weight was significantly reduced in rats.

Pregnancy: ***Teratogenic Effects: Pregnancy Category C:*** Subcutaneous studies in the mouse and rat at 45, 100 mcg/kg, respectively (approximately 1/10 and 1/2 the maximum human daily inhalation dose based on mcg/m^2, respectively), revealed fetal toxicity characteristic of potent glucocorticoid compounds, including embryonic growth retardation, omphalocele, cleft palate, and retarded cranial ossification.

In the rabbit, fetal weight reduction and cleft palate were observed following subcutaneous doses of 4 mcg (approximately 1/25 the maximum human daily inhalation dose based on mcg/m^2). However, following oral administration of up to 300 mcg/kg (approximately three times the maximum human daily inhalation dose based on mcg/m^2) of fluticasone propionate to the rabbit, there were no maternal effects nor increased incidence of external, visceral, or skeletal fetal defects. No fluticasone propionate was detected in the plasma in this study, consistent with the established low bioavailability following oral administration (see CLINICAL PHARMACOLOGY section of full prescribing information).

Less than 0.008% of the administered dose crossed the placenta following oral administration of 100 mcg to rats or 300 mcg/kg to rabbits (approximately 1/2 and 3 times the maximum human daily inhalation dose based on mcg/m^2, respectively).

There are no adequate and well-controlled studies in pregnant women. Fluticasone propionate should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Experience with oral glucocorticoids since their introduction in pharmacologic, as opposed to physiologic, doses suggests that rodents are more prone to teratogenic effects from glucocorticoids than humans. In addition, because there is a natural increase in glucocorticoid production during pregnancy, most women will require a lower exogenous glucocorticoid dose and many will not need glucocorticoid treatment during pregnancy.

Nursing Mothers: It is not known whether fluticasone propionate is excreted in human breast milk. Subcutaneous administration of 10 mcg/kg tritiated drug to lactating rats (approximately 1/20 the maximum human daily inhalation dose based on mcg/m^2) resulted in measurable radioactivity in both plasma and milk. Because glucocorticoids are excreted in human milk, caution should be exercised when fluticasone propionate inhalation aerosol is administered to a nursing woman.

Pediatric Use: One hundred thirty-seven (137) patients between the ages of 12 and 16 years were treated with fluticasone propionate inhalation aerosol in the US pivotal clinical trials. The safety and effectiveness of FLOVENT Inhalation Aerosol in children below 12 years of age have not been established. Oral corticosteroids have been shown to cause a reduction in growth velocity in children and teenagers with extended use. If a child or teenager on any corticosteroid appears to have growth suppression, the possibility that they are particularly sensitive to this effect of corticosteroids should be considered (see PRECAUTIONS).

Geriatric Use: Five hundred seventy-four (574) patients 65 years of age or older have been treated with fluticasone propionate inhalation aerosol in US and non-US clinical trials. There were no differences in adverse reactions compared to those reported by younger patients.

ADVERSE REACTIONS: The following incidence of common adverse experiences is based upon seven placebo-controlled US clinical trials in which 1,243 patients (509 female and 734 male adolescents and adults previously treated with as-needed bronchodilators and/or inhaled corticosteroids) were treated with fluticasone propionate inhalation aerosol (doses of 88 to 440 mcg twice daily for up to 12 weeks) or placebo.

Overall Adverse Experiences With >3% Incidence on Fluticasone Propionate in US Controlled Clinical Trials With MDI in Patients Previously Receiving Bronchodilators and/or Inhaled Corticosteroids

Adverse Event	Placebo (n = 475) %	FLOVENT 88 mcg twice daily (n = 488) %	FLOVENT 220 mcg twice daily (n = 95) %	FLOVENT 440 mcg twice daily (n = 94) %
Ear, nose, and throat				
Pharyngitis	7	10	14	14
Nasal congestion	8	8	16	10
Sinusitis	4	3	6	5
Nasal discharge	3	5	4	4
Dysphonia	1	4	3	8
Allergic rhinitis	4	5	3	3
Oral candidiasis	1	2	3	5
Respiratory				
Upper respiratory infection	12	15	22	16
Influenza	2	3	8	5
Neurological				
Headache	14	17	22	17
Average duration of exposure (days)	44	66	64	59

The table above includes all events (whether considered drug-related or nondrug-related by the investigator) that occurred at a rate of over 3% in the combined fluticasone propionate inhalation aerosol groups and were more common than in the placebo group. In considering these data, differences in average duration of exposure should be taken into account.

These adverse reactions were mostly mild to moderate in severity, with ≤2% of patients discontinuing trial ies because of adverse events. Rare cases of immediate and delayed hypersensitivity reactions, including urticaria and rash and other rare events of angioedema and bronchospasm, have been reported.

Systemic glucocorticoid side effects were not reported during controlled clinical trials with fluticasone propionate inhalation aerosol. If recommended doses are exceeded, however, or if individuals are particularly sensitive, symptoms of hypercorticism, e.g., Cushing's syndrome, could occur.

Other adverse events that occurred in these clinical trials using fluticasone propionate inhalation aerosol at an incidence of 1% to 3% and which occurred at a greater incidence than with placebo were:

Ear, Nose, and Throat: Pain in nasal sinus(es), rhinitis.
Eye: Irritation of the eye(s).
Gastrointestinal: Nausea and vomiting, diarrhea, dyspepsia and stomach disorder.
Miscellaneous: Fever.
Mouth and Teeth: Dental problem.
Musculoskeletal: Pain in joint, sprain/strain, aches and pains, pain in limb.
Neurological: Dizziness/giddiness.
Respiratory: Bronchitis, chest congestion.
Skin: Dermatitis, rash/skin eruption.
Urogenital: Dysmenorrhea.

In a 16-week study in asthmatics requiring oral corticosteroids, the effects of fluticasone propionate inhalation aerosol, 660 mcg twice daily (n = 32) and 880 mcg twice daily (n = 32), were compared with placebo. Adverse events (whether considered drug-related or nondrug-related by the investigator) reported by more than three patients in either fluticasone propionate group and which were more common with fluticasone propionate than placebo are shown below.

Ear, Nose, and Throat: Pharyngitis (9% and 25%); nasal congestion (19% and 22%); sinusitis (19% and 2[illegible]); nasal discharge (16% and 16%); dysphonia (19% and 9%); pain in nasal sinus(es) (13% and 0%); Candida oral lesions (16% and 9%); oropharyngeal candidiasis (25% and 19%).
Respiratory: Upper respiratory infection (31% and 19%); influenza (0% and 13%).
Other: Headache (28% and 34%); pain in joint (19% and 13%); nausea and vomiting (22% and 16%); muscle soreness (22% and 13%); malaise/fatigue (22% and 28%); insomnia (3% and 13%).

OVERDOSAGE: There are no data available on the effects of acute or chronic overdosage with FLOVENT Inhalation Aerosol. Inhalation by healthy volunteers of a single dose of 1,760 or 3,520 mcg of fluticasone propionate inhalation aerosol was well tolerated. Fluticasone propionate given by inhalation aerosol at doses of 1,320 mcg twice daily for 7 to 15 days to healthy human volunteers was also well tolerated. Repeat oral doses up to 80 mg for 10 days in healthy volunteers and repeat oral doses up to 20 mg daily for 42 days in patients were well tolerated. Adverse reactions were of mild or moderate severity, and incidences were similar in active and placebo treatment groups. Chronic overdosage may result in signs/symptoms of hypercorticism (see PRECAUTIONS). The oral and subcutaneous median lethal doses in rats and mice were >1,000 mg/kg (>2,000 times the maximum human inhalation dose based on mg/m^2).

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Made in England

January [illegible]

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in spirits
especially yours
ghost
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you can't see it. but you know it's there.

An angel's loving touch

Exquisitely presented with a unique border of radiant gold-on-gold and a 22-karat gold rim



"An Angel's Touch"

A tiny angel adds her gentle touch to Mother Nature's glorious bounty. Taking a branch of the fragrant blooms in her little hand, the precious angel is suffused in celestial rays, and she pauses, filled with awe at the perfection of God's handiwork.

This little heavenly messenger, the inspired vision of renowned artist Dona Gelsinger, is now yours to treasure forever on a fine porcelain collector's plate. "An Angel's Touch," 8⅛ inches in diameter with a unique gold-on-gold border and 22-karat gold rim, is backed by the Bradford Exchange's 365-day guarantee allowing you to return plate for a full refund of everything you paid—including postage. Best of all—pr at $29.95—this plate is a remarkable art v

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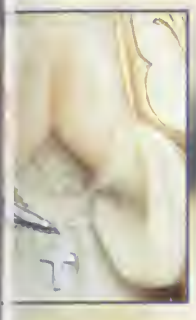
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Hail Mary, full of grace

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and delicate crucifix





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the Lady of the Rosary. My immaculate
will be your refuge." So said the Blessed
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honored her Son. And, when she van-
l, she caused the sun to dance and dive
e sky as 70,000 onlookers watched in awe.
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Virgin's great compassion for the faith-
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Mary Tyler Moore


Rene Russo


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Whoopi Goldberg


Robin Williams


Michelle Pfeiffer

"The toughest moment of my life"

Celebrities share their most traumatic personal experiences—and the strength that pulled them through

By Cindy Pearlman

Mary Tyler Moore: "The toughest thing to survive was the death of my son. As a working mother, I had to think, Do the children have to pay the price? That is horrible guilt. Writing about my whole life in my book gave me courage to put things in perspective."

Robin Williams: "I was an only child. I grew up in a huge house with a stone wall. I spent a lot of time behind that wall. I was small and overweight. And slow and pasty-white. I remember in sixth grade being called leprechaun and dwarf. I would go home crying. Oh, it was a great time. I was very shy, very awkward. I guess you just have to grow out of that stuff."

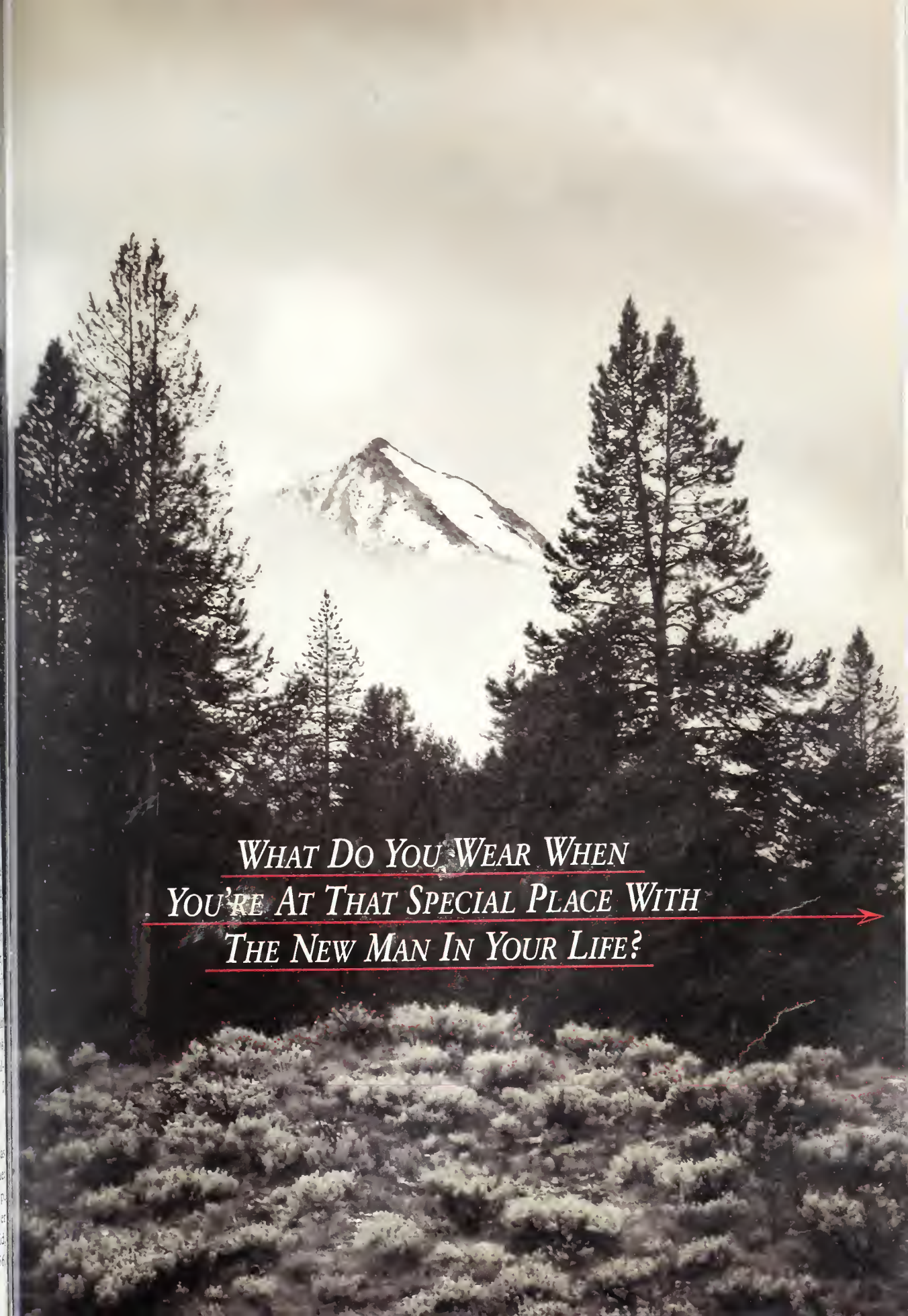
Whoopi Goldberg: "Tough times? Honey, I grew up in a housing project. I think what was even tougher was being a single mother raising my daughter, Alexandra. It's tough to have to tell your child that there is no money for things like shoes. It breaks your heart. But I think you just have to keep trying and working toward a better day. I'm living proof."

Rene Russo: "As a teenager, I had scoliosis. I wore a body cast from my neck to my hips from age ten to fifteen. And when you're developing, it's horrible to walk around in this barrel-like contraption. I would put a bra on top of my cast and stuff tissue paper in the bra to have a figure. It was so hideous."

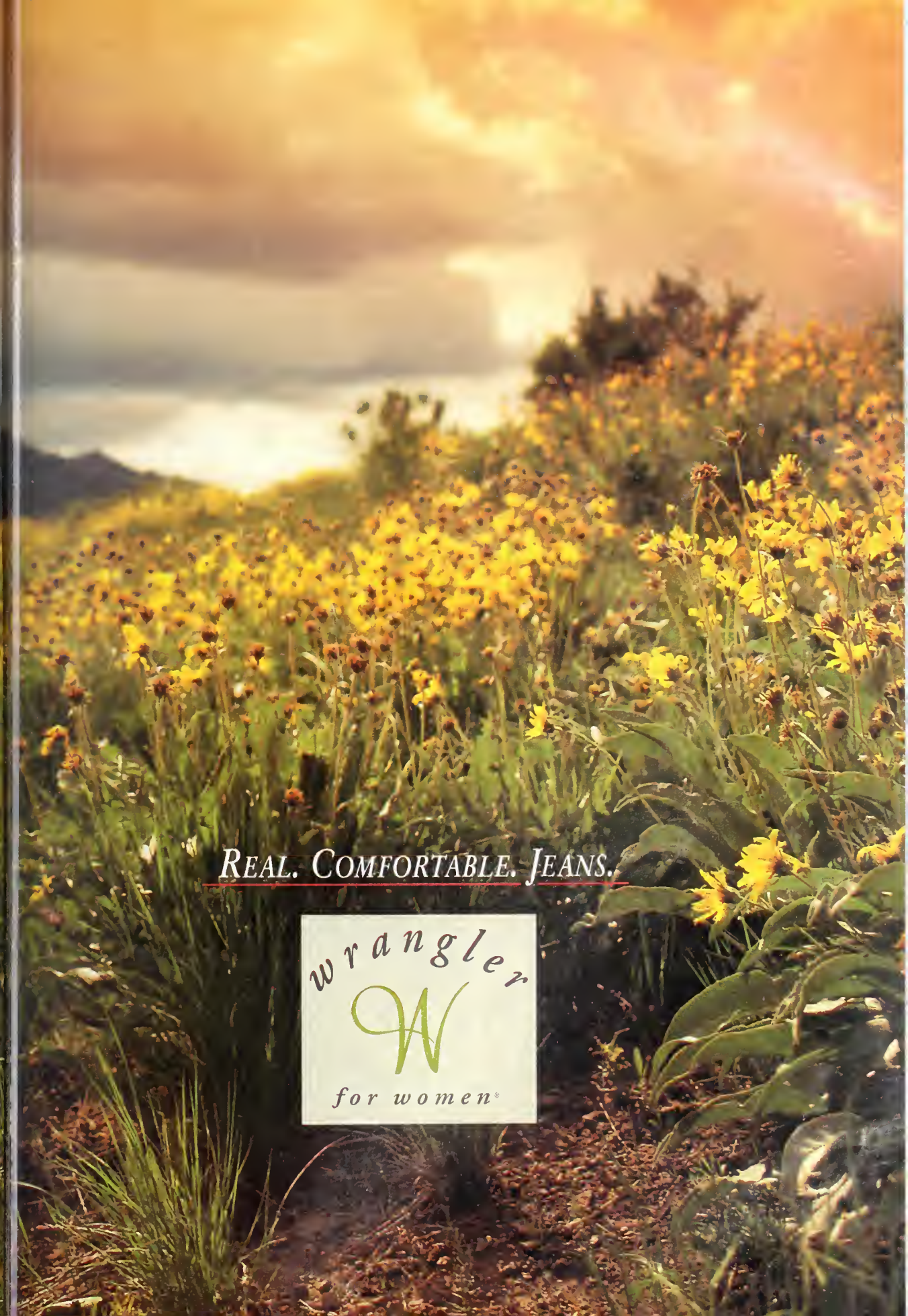
John Travolta: "One of the most tragic times was when I lost someone very special to me. Only time can ease that kind of pain. As for my career, the early nineties were terrible. I would sit at home, thinking, 'A few years ago, I was being offered the best scripts in town. Now, nothing.' But I've always believed it is a lie to think it's over when you have an abundance of creative imagination and ability. That's what kept me going."

Michelle Pfeiffer: "One of the toughest times was when I adopted my daughter, Claudia. Initially, you just can't think of anything else but the baby. Then I began to wonder, Will I ever want to work again? Working mothers really do have it tough. It's such a tug-of-war with your emotions. I think it just took time for me to calm down and realize I wouldn't feel balanced if I didn't have my work."

Whitney Houston: "Childhood was painful. All the other girls hated me; they always wanted to beat me up. This changed the day my mother met me at the front door and said, 'Whitney, *(continued on page 56)*


What Do You Wear When
You're At That Special Place With
The New Man In Your Life?


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wrangler
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Continued from page 52

turn around. Stop running!' She had a belt in one hand. She yelled to the other girls, 'I want the baddest one of you.' The toughest girl stepped forward and said, 'Never mind.' Now I see those same girls when I go back to my old neighborhood. They tell me, 'Whitney, we love your records! You're our friend!' Right, girlfriend."



Fran Drescher: "I was attacked by two men who broke into my house. Afterward I thought my life was shattered beyond repair, but then I got psychological help. My fans have shown a great deal of love and compassion for me on this subject. Horrible things can happen and you can get your life back, but it's real tough. It's a long road to get there, but you can do it. I did."

Sylvester Stallone: "The worst time in my life was when my daughter had heart surgery. You just can't imagine what it feels like when a doctor says, 'Your infant has a hole in her heart.' When I heard that news, my first thought was, I'll give it all up. Everything. Just let her be okay. Do you know I call home ten times a day, even now? They're getting so sick of hearing from me. No one even says hello anymore. I just hear, 'She ate four ounces.' 'Thanks.' Click."

Drew Barrymore: "My childhood had some really bad moments. I'm the kid whose mother gave her *The Peter Pan Syndrome* when I was twelve in order to help me understand men. My mom handed it to me, and I said, 'What the hell is this?' Yet I really wouldn't give up anything I know. I can't imagine going through life uneducated."

Debbie Reynolds: "The tough times concern husbands who leave. My last husband said he wanted to see more of Virginia. I thought that was the state, but it was someone's name. Another husband gambled away all of my money and left. But I think the hardest time was when I was a child. There's a phrase: *dirt poor*. It means you have no floor in your house, just dirt. My father was a carpenter, and we would stay in the homes he'd repair because we could stay for free."

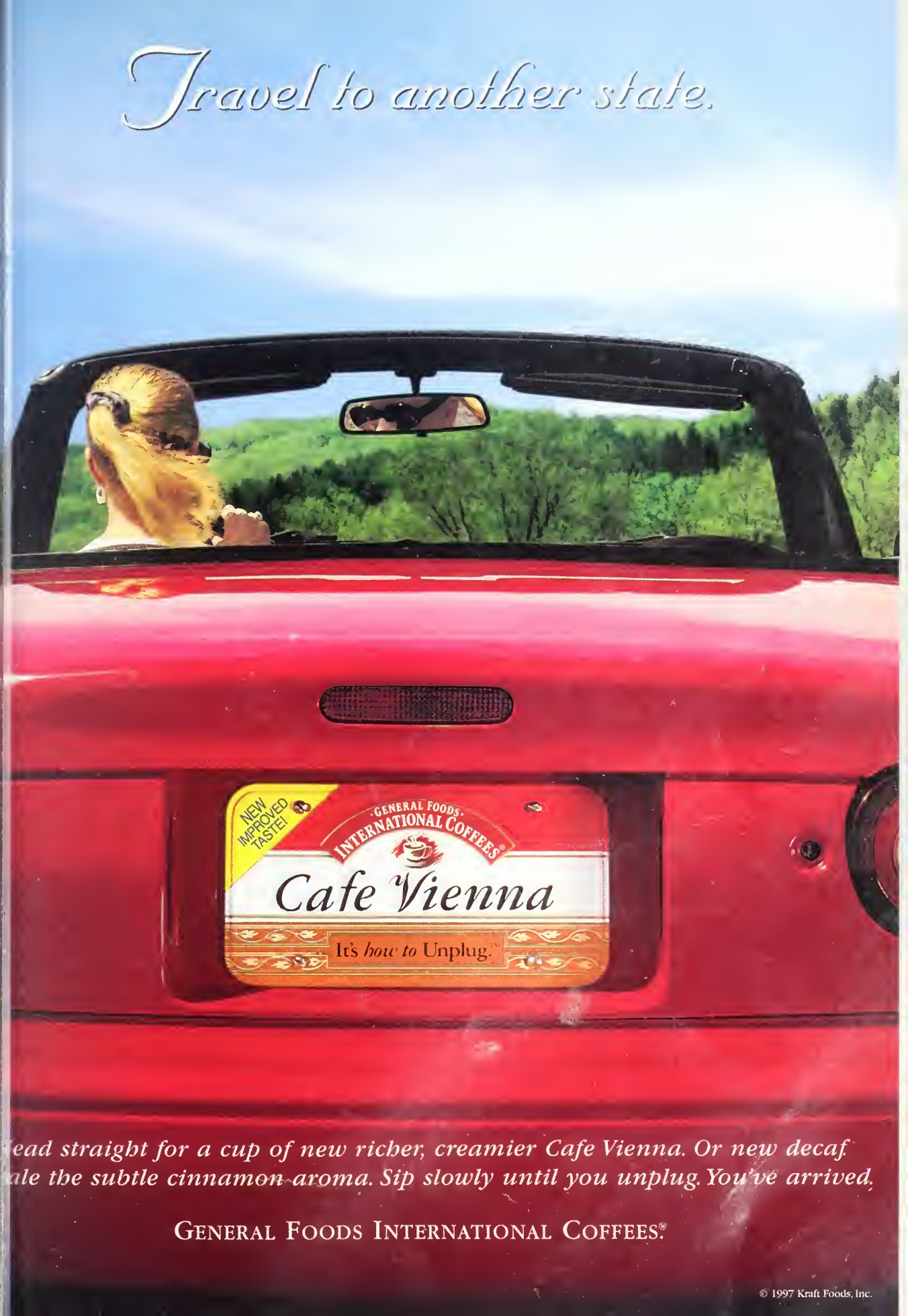
Jim Carrey: "When I was in high school, my dad lost his accounting job. I was a straight-*A* student, but suddenly I had to get a factory job as a janitor to bring in some money. I started getting *F*'s. At night I had murderous visions. I wanted to kill my father's boss. I was walking around punching holes in the wall. Things got worse when our family had to live in a VW camper next to the tire-rim factory where everyone worked. How did I get through it? I would sit down with my arms stretched wide like this. I'd imagine I was holding a giant funnel and all good things were pouring through it. I do believe in visualizing what you want in life."

Janeane Garofalo: "Try the first time I was whisked into a makeup chair on a movie set and I heard, 'Can we narrow down her face? And for heaven's sake, take away that double chin!' Then the wardrobe person said, 'Try dark colors, or why not put her behind a desk?' At the end of a day like that you feel genetically shafted at birth."

Harrison Ford: "I was kind of a runty kid. The boys would get together and throw me over the edge of the parking lot into the weeds every single day at recess. I compensated by having a lot more fun with the girls than they did. And now I've compensated by being Indiana Jones. Not bad for a runt." ●

Cindy Pearlman is an entertainment reporter for the Chicago Sun-Times.

Travel to another state.



ead straight for a cup of new richer, creamier Cafe Vienna. Or new decaf.
ale the subtle cinnamon aroma. Sip slowly until you unplug. You've arrived.

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game, after a workout,

whenever you want.



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Never sit in the dark in a stalled car

Danger On The Road

A veteran SWAT-team trainer and leading crime-survival expert tells you how to protect yourself from violence on our highways

By Sanford Strong

There was a time when a sleepy driver could pull over at a rest stop, lower the seat and catch a few winks. Or a stranded motorist could simply open the hood and wait for help to come. Twenty years ago, carjackings, car rammings, bumper crimes, drive-by shootings and freeway snipings were comparatively rare. But in one twelve-month period between 1995 and 1996, more than 200,000 highway crimes were committed in the United States, 20,000 of which involved serious injury and even murder.

After twenty years in the San Diego Police Department as a sergeant in SWAT-team training, I can tell you that knowing the new rules of the road could mean the difference between life and death.

Someone Followed Me . . .

In 1992, 35,000 motorists were victimized after being followed home.

Being followed is the easiest of all car crimes to protect yourself against. Simply look in your rearview mirror and memorize the three vehicles behind you—red car, blue pickup, white van. A block or two later, check again. If you think someone may be following you, don't go home. Drive somewhere where there are lots of people or to the nearest police station or fire department. If the car shows up, record the license-plate number and a description of the occupants, then call the police.

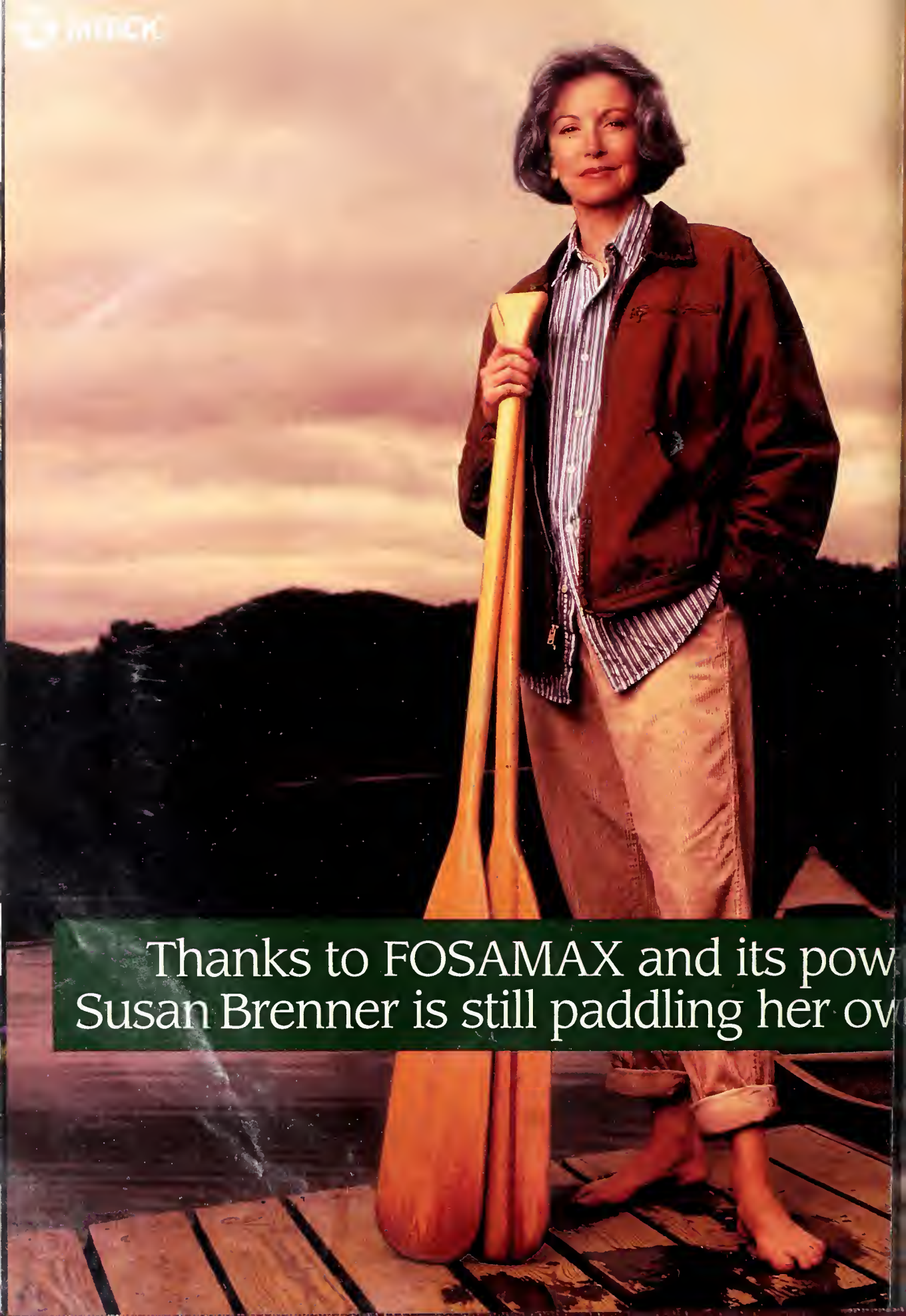
Bumper Crimes

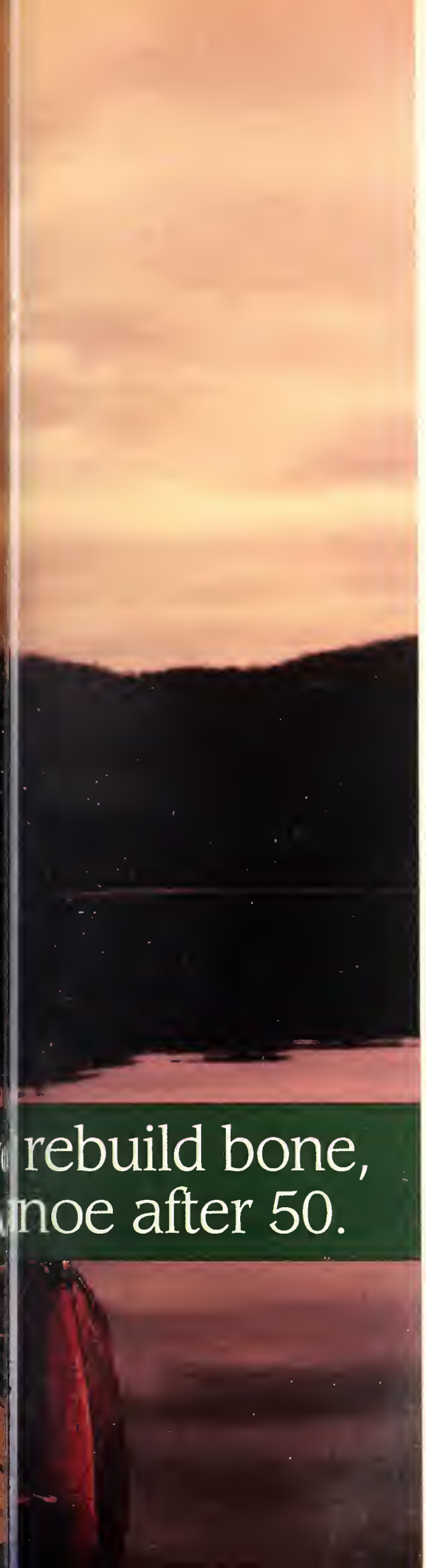
Sometimes a traffic collision is a ruse: The criminal bumps or sideswipes your car, then attacks when you get out to view the damage. Bumper crimes occur in parking lots, at intersections and sometimes even while you are driving along, usually after dark in a sparsely traveled area.

If you're thinking, "If I'm hit late at night, I'm taking off," it's a little more complicated than that. It is illegal to leave the scene of an accident unless your personal safety is at stake. So if you feel you must leave, drive to the first open business and notify the police.

Even if you feel it's safe to stay, keep the doors locked, windows rolled up and motor running. While you are waiting for the other driver, watch through the rearview mirror. If a second person approaches, hit the gas immediately. If only the driver appears, shout to him through the closed windows that you are afraid and want him to follow you to a safe location to exchange information. Saying "I'm afraid" out loud alerts your passengers that there might be trouble. If he says, "I'm not following you anywhere; get out and we'll exchange information right here"—then you know he's either a jerk or a crook. Hit the gas. *(continued on page 62)*

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Thanks to FOSAMAX and its pow
Susan Brenner is still paddling her ov



FOSAMAX is the first non-hormonal treatment for postmenopausal osteoporosis proven to rebuild bone. So bones are less likely to fracture.

After menopause, Susan's doctor cautioned her that most women's bones begin to become thinner and weaker at that time. That can lead to osteoporosis, a problem you can have and not know it.

At first, he explained, the disease is silent. Many women find out they have it after breaking a bone.

And he explained that while the calcium Susan's been taking is important for osteoporosis, *calcium can't totally stop bone loss or rebuild bone after menopause.*

Susan's doctor evaluated her condition and the results of a simple, painless test, and determined that she did have osteoporosis.

So he prescribed FOSAMAX. The breakthrough treatment that's completely non-hormonal and can truly rebuild bone in most women.

See your doctor or other healthcare professional. And if it's determined that you do have osteoporosis, ask if FOSAMAX is right for you.

It should be used with caution if you have certain stomach or digestive problems, and should not be used if you have certain disorders of the esophagus (the tube that connects your mouth with your stomach), are unable to stand or sit upright for at least 30 minutes or have severe kidney disease, low levels of calcium in your blood, are allergic to FOSAMAX or are pregnant or nursing.

Some patients may develop severe digestive reactions including irritation, inflammation, or ulceration of the esophagus (see Patient Information for more details). Like all prescription drugs, FOSAMAX may cause side effects. Side effects usually have been mild. They generally have not caused patients to stop taking FOSAMAX.

But if you're like most women with osteoporosis, you'll find that FOSAMAX is a unique and powerful way to help build back the strength of your bones. And your ability to lead the active life you love.

Ask your doctor and call
1 800 214-7005 for information.

The power
to rebuild bone.

FOSAMAX®
(alendronate sodium tablets)

Please see Patient Information on next page and discuss it with your doctor.

971361(6)(004)-FOS

FOSAMAX® (alendronate sodium tablets)
Patient Information about
FOSAMAX® (FOSS-ah-max) for Osteoporosis
Generic name: alendronate sodium (a-LEN-dro-nate)

Please read this information before you start taking FOSAMAX. Also, read the Patient Information leaflet each time you renew your prescription, just in case anything has changed. Remember, the leaflet does not take the place of careful discussions with your doctor. You and your doctor should discuss FOSAMAX when you start taking your medication and at regular checkups.

How should I take FOSAMAX?

These are the important things you must do to help make sure you will benefit from FOSAMAX.

1. **After getting up for the day, swallow your FOSAMAX tablet with a full glass (6-8 oz.) of plain water only.**
   Not mineral water
   Not coffee or tea
   Not juice
2. **After swallowing your FOSAMAX tablet do not lie down — stay fully upright (sitting or standing) for at least 30 minutes and until after your first food of the day. Do not chew or suck on a tablet of FOSAMAX.** This will help the FOSAMAX tablet reach your stomach quickly and help avoid irritation of your esophagus (the tube that connects your mouth with your stomach).
3. **After swallowing your FOSAMAX tablet, wait at least 30 minutes before taking your first food, beverage, or other medication of the day,** including antacids, calcium supplements and vitamins. FOSAMAX is effective only if taken when your stomach is empty.
4. **Do not take FOSAMAX at bedtime or before getting up for the day.**
5. **If you have difficulty or pain upon swallowing, chest pain, or new or worsening heartburn, stop taking FOSAMAX and call your doctor.**
6. Take FOSAMAX once a day, every day.
7. It is important that you continue taking FOSAMAX for as long as your doctor prescribes it. FOSAMAX can treat your osteoporosis or help you from getting osteoporosis only if you continue to take it.
8. If you miss a dose do not take it later in the day. Continue your usual schedule of 1 tablet once a day the next morning.

What is FOSAMAX?

FOSAMAX is for the treatment or prevention of osteoporosis (thinning of bone) in women after menopause. It reduces the chance of having a hip, wrist or spinal fracture. You will find more information about osteoporosis at the end of the leaflet.

How does FOSAMAX work?

FOSAMAX works by:

- Reducing the activity of the cells that cause bone loss
- Decreasing the faster rate of bone loss that occurs after menopause
- Increasing the amount of bone in most patients

These effects are seen as soon as three months after therapy with FOSAMAX has begun. These effects continue as long as you keep taking FOSAMAX. The density of bone is maintained or increased and the bone is less likely to fracture. Thus, FOSAMAX prevents or reverses the progression of osteoporosis.

Who should not take FOSAMAX?

Patients with:

- Certain disorders of the esophagus (the tube that connects your mouth with your stomach)
- Inability to stand or sit upright for at least 30 minutes
- Low levels of calcium in their blood
- Severe kidney disease
- Allergy to FOSAMAX

Patients who are:

- Pregnant or Nursing

FOSAMAX is for use by women after menopause. If you are pregnant or nursing, you should not be taking FOSAMAX. Talk to your doctor.

What other medical problems should I discuss with my doctor?

Talk to your doctor about any:

- Problems with swallowing
- Stomach or digestive problems
- Other medical problems you have or have had in the past

What are the possible side effects of FOSAMAX?

Some patients may develop severe digestive reactions including irritation, inflammation or ulceration (occasionally with bleeding) of the esophagus (the tube that connects your mouth with your stomach). These reactions can cause chest pain, heartburn or difficulty or pain upon swallowing. This may occur especially if patients do not drink a full glass of water with FOSAMAX® (alendronate sodium tablets) and/or if they lie down in less than 30 minutes and before their first food of the day. Esophageal reactions may worsen if patients continue to take FOSAMAX after developing symptoms suggesting irritation of the esophagus.

Like all prescription drugs, FOSAMAX may cause side effects. Side effects usually have been mild. They generally have not caused patients to stop taking FOSAMAX. Some patients treated with FOSAMAX experienced abdominal (stomach) pain. This is the most commonly reported side effect. Less frequently reported side effects are:

Nausea, heartburn, irritation or pain of the esophagus (the tube that connects your mouth with your stomach), vomiting, difficulty swallowing, a full or bloated feeling in the stomach, constipation, diarrhea and gas.

Rarely stomach or other peptic ulcers (some severe) have occurred.

Bone, muscle or joint pain, headache, or an altered sense of taste were also experienced by some patients. Rarely, a rash has occurred. Allergic reactions such as hives or, rarely, swelling of the face, lips, tongue and/or throat which may cause difficulty in breathing or swallowing have also been reported. Mouth ulcers have occurred when the tablet was chewed or dissolved in the mouth.

Anytime you have a medical problem you think may be related to FOSAMAX, talk to your doctor.

What should I know about osteoporosis?

Normally your bones are being rebuilt all the time. First, old bone is removed (resorbed). Then a similar amount of new bone is formed. This balanced process keeps your skeleton healthy and strong.

Osteoporosis is a thinning and weakening of the bones. It is common in women after menopause. Menopause happens when the ovaries stop producing the female hormone, estrogen, or are removed (which may occur, for example, at the time of a hysterectomy). After menopause, bone is removed faster than it is formed, so bone loss occurs and bones become weaker. Therefore, maintaining bone mass is important to keep your bones healthy.

At the start osteoporosis usually has no symptoms, but it can result in fractures (broken bones). Fractures usually cause pain. Fractures of the bones of the spine may not be painful, but over time they cause height loss. Eventually the spine becomes curved and the body becomes bent over. Fractures may happen during normal, everyday activity, such as lifting, or from minor injury that would normally not cause bone to break. Fractures most often occur at the hip, spine, or wrist. This can lead to pain, severe disability, or loss of mobility.

How can osteoporosis in postmenopausal women be treated or prevented?

- **Medication.** Your doctor has prescribed FOSAMAX. FOSAMAX acts specifically on your bones. FOSAMAX is not a hormone and does not have the benefits and risks of estrogen (hormone replacement therapy) elsewhere in your body. Either FOSAMAX or estrogen may be used to treat or prevent osteoporosis. You may want to talk to your doctor about these options.
- **Lifestyle changes.** In addition to FOSAMAX, your doctor may recommend one or more of the following lifestyle changes:
  - **Stop smoking.** Smoking appears to increase the risk of osteoporosis.
  - **Reduce the use of alcohol.** Too much alcohol appears to increase the risk of osteoporosis and injuries that may cause fractures.
  - **Exercise regularly.** Like muscles, bones need exercise to stay strong and healthy. Exercise must be safe to prevent injuries including fractures. You should consult your doctor before you begin any exercise program.
  - **Eat a balanced diet.** Adequate dietary calcium is important to patients with osteoporosis. Your doctor can advise you whether you need to change your diet or take any dietary supplements such as calcium or vitamin D.

This medication is prescribed for a particular condition. Do not use it for another condition or give the drug to others. Keep FOSAMAX and all medicines out of the reach of children. If you suspect that more than the prescribed dose of this medicine has been taken, drink a full glass of milk and contact your local poison control center or emergency room immediately. Do not induce vomiting. Do not lie down.

This leaflet provides a summary of information about FOSAMAX. If you have any questions or concerns about either FOSAMAX or osteoporosis, talk to your doctor. In addition, talk to your pharmacist or other healthcare provider.

MERCK & CO., INC.
Issued April 1997
West Point, PA 19486, USA

MERCK

FOSAMAX®
(alendronate sodium tablets)

971361(6)(004)-FOS

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DANGER ON THE ROAD

Continued from page 59

(And don't be detained by the
jured passenger ruse—you can
an ambulance at the safe locati

Rest-Stop Violence

Some highway rest stops are ha
for criminals. Besides armed rob
and carjackers, serial killers so
times use rest stops as an opport
to select a motorist (usually a w
an) to follow.

A woman who worked for
stopped at a rest stop one nigh
the freeway, midway between
Diego and Los Angeles. When
got back on the highway, and
driver honked and pointed urg
at her left rear tire. She pulled
on the shoulder to check the
and he, too, pulled over . . . to
she thought.

He kidnapped her at gunp
and raped her for two hours in
backseat of his car. The rest
she'd used, she found out later,
so hard hit by crime that the
fornia Highway Patrol was abo
establish foot patrols there. S
there is no way of knowing w
rest stops are dangerous, it's
not to use them at night. If
must, do not drop your guard
single second.

Don't Leave Home Without

Up to 90 percent of the car crime I have seen in twenty years as a cop could have been prevented if the motorist had had a cellular phone. it's not going to do you much good it's sitting in a locked suitcase in y trunk. Keep the phone close at han and program emergency numbers i it so that, should a crisis occur, yo can simply hit a couple of buttons be connected to help.

Forced Off The Road

Most drivers panic when a car
up alongside and swerves to
them. They swing immediate
the right, and end up off the
However, it's almost impossib

other vehicle off the road, ly one of similar size, by ing. Do not try to outma- nother car on a freeway or et at high speeds. If you e city and you're not in a ie area, get off the freeway; e, stay on and drive to the station or fast-food place e to. Meanwhile, it's fine to hit the gas to try to move or behind him—but don't and out of lanes.

ing

wave of armed-car robberies 1987. In Los Angeles, the ent from occasional in the ities to 4,500 cases in 1991 cases in 1992. Nationwide re 28,000 cases in 1992, up nt in one year. The crimes become more violent.

wo common locations for a crime are intersections and lots. Carjackers are usually nd work in pairs: They ap- rom both sides of your car ou're parked or stopped. e the best chance of sur- f you instantly hand over nd bolt.

wever, you have *(continued)*

The Family Plan

Start preparing your children by telling them what a carjacking is, that it's unlikely, but that your family will have a plan in case it ever happens. Have the children work through the plan with you in the driveway, deciding step by step who helps whom getting in or out of which door. Decide on a simple family escape command—"Emergency, get in fast" or, "Get out and run."

Next, practice getting in and out quickly. Emphasize teamwork as well as speed. Teach them to run to the right to minimize the chances of traffic injuries.

You must be matter-of-fact with the kids. Let them know that criminals usually focus on the adults, so they will have the best chance to escape. Whatever happens to Mom or Dad, they must run for help. If they escape, it will be because you have taught them how. And that little four- or five-year-old can make the difference in saving the whole family.

ow to Avoid a Carjacking

er Signals	What To Do
pproach your car, bad feeling in your	• Turn around and leave. • Go back and get security to accompany you. • If your gut tells you, "He's following me," run back to the store.
your car, and someone is at your talking, gesturing, get your attention	• Drive away—your safety first, his feelings second. • If your car is not running, concentrate only on starting it—do not give him your attention. • If you cannot get your car started, and he is persistent, honk your horn, set off your car alarm, blink your headlights.
your car, he's your door, his e on you, you're s gun	• Hit the gas hard—don't worry about the car in front of you. • Bolt from your car—shout orders to your passengers.
n your car—you're ned between them	• Force a crash. Whatever property you destroy is insignificant compared to what awaits you.



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a clear escape route, hit the gas. Of course, if you're stopped at a red light, you're going to have to be careful. In a parking lot, a low-speed accident is a happier fate than what these thugs have in mind for you.

If you're not yet in your car and you see someone lurking or something doesn't feel right as you approach your car, don't chance it. Turn around and go back into the store. Contact security and ask to be escorted to your car.

Off-Ramp Crimes

Freeway off-ramps and adjacent streets and parking lots, where motorists often stop to check their maps, are treacherous. Sometimes the only thing between you and a crime is a bad feeling.

I remember my first off-ramp murder. A family visiting in San Diego got lost and took the wrong off-ramp, right into a gang area. They stopped—Mom was driving, Dad and the kids were in the backseat—turned on the inside light and got out a map. Two gang members walking by saw a carload of obviously lost people and wasted no time. They shoved a gun at the mother's closed window. Terrified, she rolled down the window instead of hitting the gas. It took less than half a minute to rob them. With the husband and children watching, the triggerman shot the mom point-blank, and the robbers took off.

Sitting in a parked car in a deserted area, with the dome light on, poring over a map, is an invitation. Go where there are lights and people if you need to get your bearings.

Stranded

Your car is broken down or is out of gas, and you've already pulled over to the shoulder. You now have three options: Leave your car to go for help; stay in or near your car; stay near your car, but out of sight. (If other people are with you, stay together, whatever you do.)

You have no doubt heard that you should always stay in your car, roll up the windows and wait for the police. The truth is, none of these choices is 100 percent safe.

Leaving your car. If you specific destination where is available (an off-ramp, way call box or open bu nearby), it's fine to leave to walk where you can seen from the road.

Stay near your car and in In the daytime on a busy way, this choice makes ser passing motorist may r your situation to the au ties. In addition, by gettin of the car and moving to spot nearby, you reduce chances of being injured rear-end collision.

Stay near your car but out o Imagine a scenario where waiting in the darkness. stops and two men get out around your abandoned-lo car, then quickly break in won't enjoy seeing you looted, but you'll be happ aren't in that car.

I realize that leaving yo hicle makes it less likely Good Samaritan will st help. But remember that nals who prey on motori so on freeways and inte highways. Most target women are alone. (Experts says your ch of being a victim decrease b percent when you are with othe ple.) Expect them to be helpfu and willing to give you a ride. accept, no matter how franti pressured you feel. ●



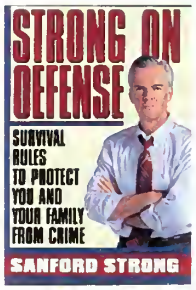
JUST THE FACTS, PLEASE

With your car registration, carry a three-by-five-inch card with only the information you are legally obligated to furnish in the event of an accident. This includes your insurance information, driver's license and license-plate number. Never, never give out your home or office telephone number or address. Some places of employment are dangerously free with information about employees.

DON'T COMPLICATE MATTERS

If you are being robbed, make it easy for the criminal to get your stuff and go. Some self-defense classes advise people to scatter their stuff around as a delaying tactic. But most crooks today are armed and possibly high on drugs. By scattering your property you risk angering your assailant.

FOR MORE INFORMATION



Strong On Defense, by Sanford Strong (246 pp.; hardcover), gives you valuable techniques and precautions you can use to protect yourself in any situation. Available by arrangement with Simon & Schuster $26.95. Sanford Strong also has two videotapes: Strong Against Crime and Strong Kids Against Crime. Each video for $23.95. Prices include shipping, handling and applicable sales tax.

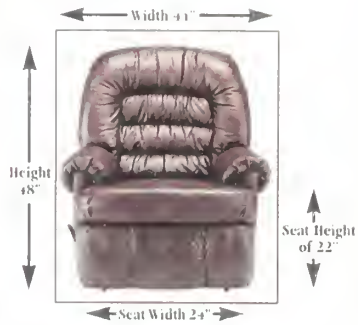
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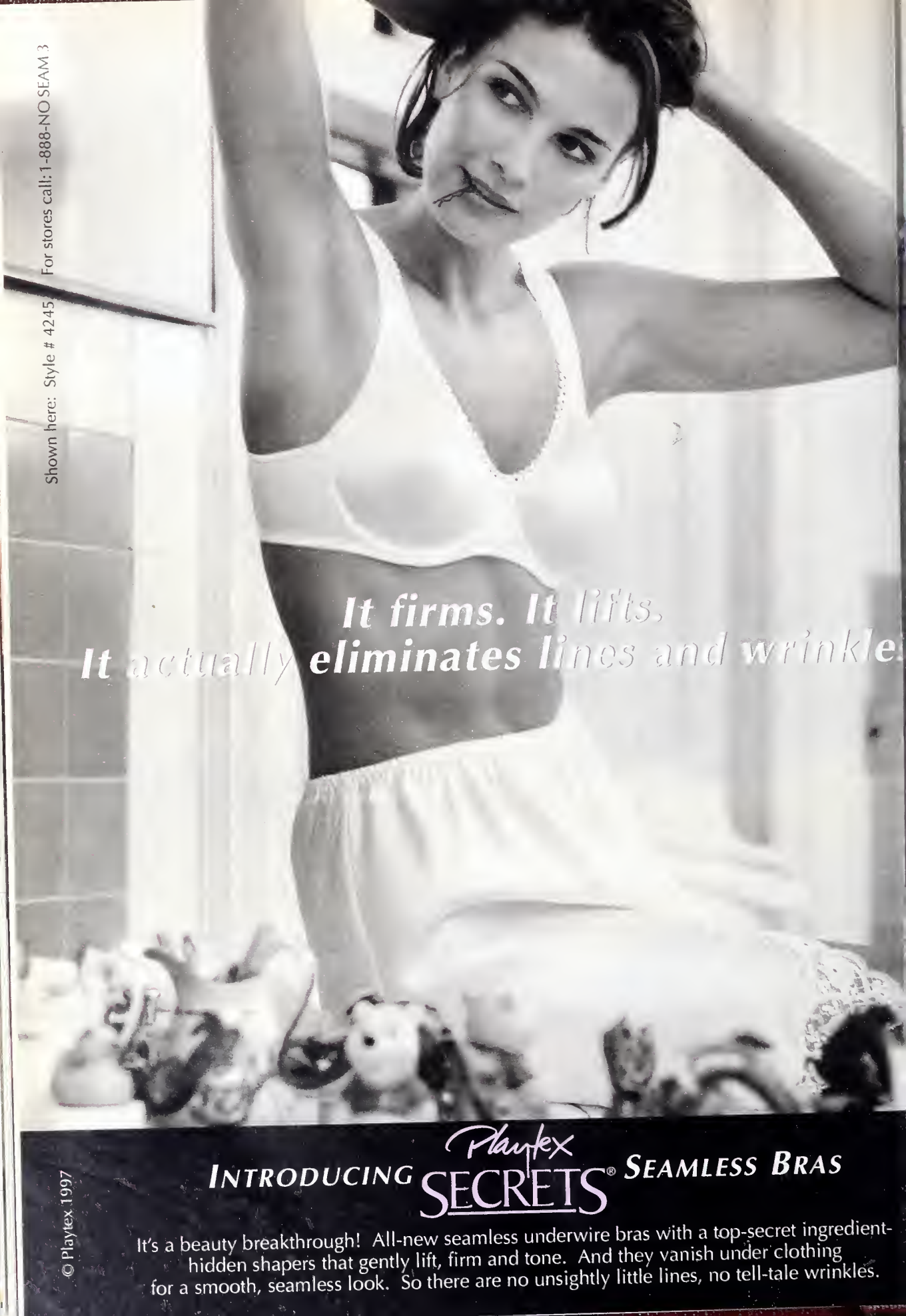
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SPECIAL SECTION

kids

AISE EM right







or families today, it's the best of times and the worst of times. Our lives today are fuller, more varied and more challenging than ever. We manage households. We hold down demanding jobs. We tend to our spouses. We care for our children. But, in h, most of us could do with a little less stimu-)n and a little more serenity.

st consider the dizzying contradictions in our dren's worlds. The electronic revolution has)ped a wealth of information and entertainment their laps, but it's also made them sedentary. schools boast high-tech gadgetry and "media-workshops," but is Johnny learning to tiply? With the onset of puberty com-at a younger and younger age, are our even . . . well . . . *normal*?

:s, life is complicated. But we can an-r your thorny questions about your d's growth and development ("Is My ld Normal?" page 68). We can show that your routine *can* be streamlined ow to Simplify Family Life," page 98). can point the way to successfully treat-childhood obesity ("Winners and ers," page 78). And we're even prepared to 'e that most enduring of parental mysteries: at *do* kids do at school all day ("My Day as a -Year-Old," page 88).







SPECIAL SECTION
kids

Is my child NORMAL?



Walking late is normal for some babies

How can you tell if a child is growing the way he should? Medical experts answer the most-asked questions about kids

BY LIZA N. BURBY

Worrying about our children's health and growth is as much a part of parenthood as reading bedtime stories and kissing skinned knees. Here are the nagging questions we're often afraid to ask, with answers from doctors who will help you determine whether your child is growing normally.

Q. I've seen babies walking as early as ten months, but our sixteen-month-old son hasn't started yet. Is he all right?

Kaye: If he's otherwise neurologically and developmentally healthy, walking as late as fifteen or sixteen months may very well be normal for him. In fact, kids often develop strengths in particular areas; the boy who walks later than his peers may start talking earlier. But just to be on the safe side, let your doctor know. For a child beyond eighteen months, I suggest consulting a neurologist or having the child's hips X-rayed to make sure they're not dislocated.

Q. Our three-year-old daughter refuses to potty train, even though none of her friends wears diapers anymore. What can we do?

Kaye: Don't worry; many kids toilet train a little beyond three years. This involves a lot of things: the physical maturity to control the bladder and bowels, ability to recognize the sensation of having to go, and a child's motivation. The best approach is to discuss it with your child once more, offering a reward (like a piece of candy) for using the potty. Then back off and wait until she's ready.

Howard: If your daughter doesn't progress in her training by the time she's four, talk to your pediatrician. He can rule out a medical cause and recommend a behavioral specialist, if necessary.

Q. My five-year-old still wets his bed. Isn't he too old for this?

Kaye: Involuntary bed-wetting during sleep is very common, affecting as much as 15 to 20 percent of five-year-olds. It seems to relate to bladder capacity and depth of sleep, and often there's a family history of bed-wetting. It even happens to 1 or 2 percent of teenagers.

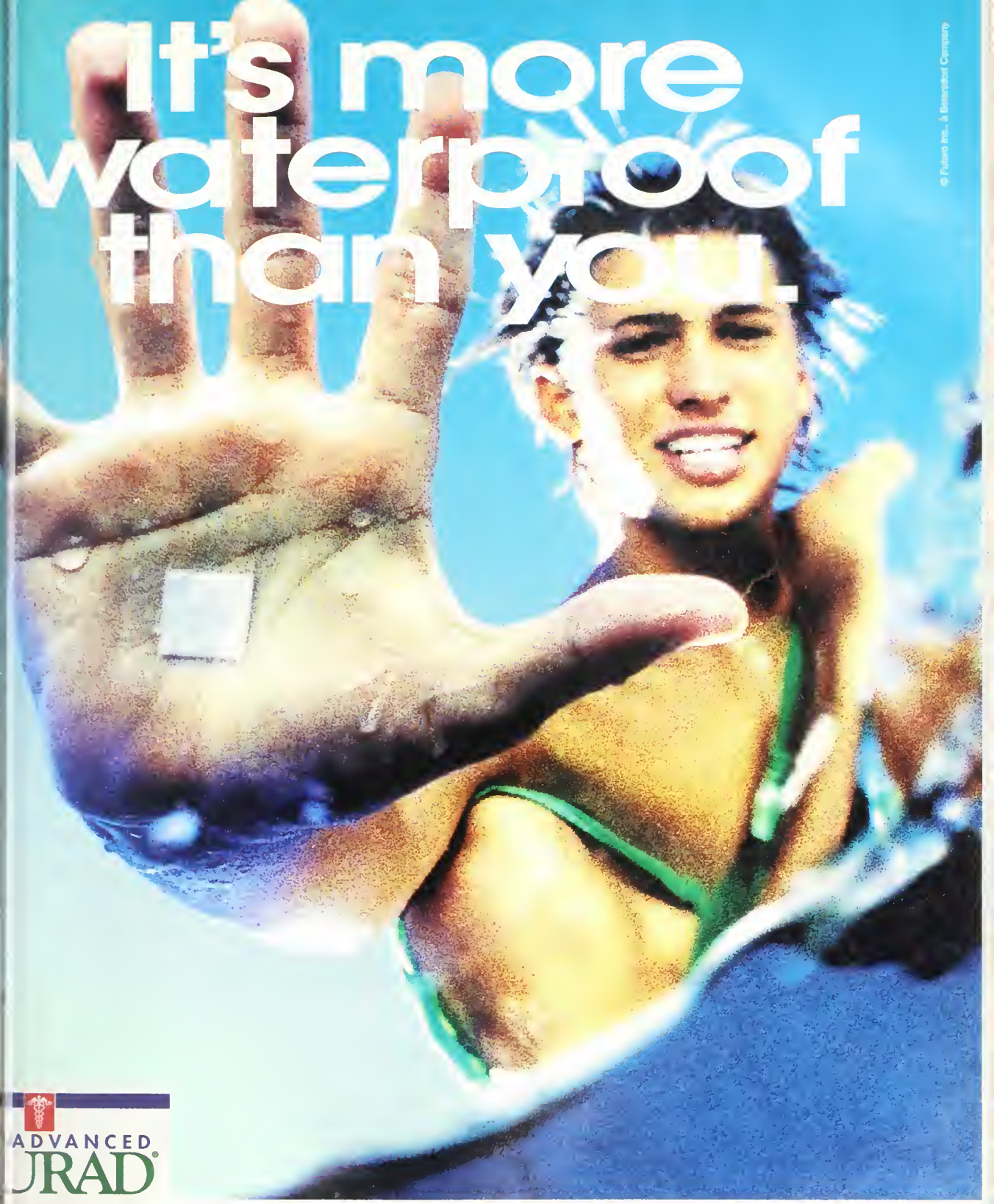
One of the most effective treatments is an alarm with a sensor that attaches to the child's underwear and alerts him when he starts to wet. For *(continued on page 7*



A child will train in her own time

OUR PANEL OF EXPERTS

Suzanne Boulter, M.D., a pediatrician at the Lahey Hitchcock-Concord Clinic, in Concord, New Hampshire, and a member of the American Academy of Pediatrics Committee on Adolescence; Suzanne Corrigan, M.D., former chief of pediatrics at Saint Paul's Medical Center, in Dallas, and a pediatrician in private practice; Barbara J. Howard, M.D., assistant professor of pediatrics at the Johns Hopkins University School of Medicine, in Baltimore, and a pediatrician with the Patuxent Medical Group, in Annapolis; Bennett Kaye, M.D., a practicing pediatrician and director of academic primary care at Children's Memorial Hospital, in Chicago; Patrick Pasquariello, M.D., director of the Diagnostic Center of The Children's Hospital of Philadelphia; Timothy Roehrs, Ph.D., director of research at the Sleep Disorders Center, Henry Ford Hospital, in Detroit



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(continued from page 68) sleepovers, if the child doesn't want to use the alarm, there is also an antidiuretic nasal spray, vasopressin, that helps the kidneys retain fluid. For any method to work, however, the child has to want to stop. If your son isn't bothered by it, there is no harm in waiting until he either stops by himself or says he's ready to try.

Pasquariello: But if your child has been keeping dry through the night and is suddenly wetting now, see a pediatrician to make sure he doesn't have a systemic illness.

Roehrs: Research also indicates that bed-wetting tends to occur during the first intense slow-wave period of sleep. Try putting your son to bed earlier, then waking him up after about ninety minutes, taking him to the bathroom and then back to bed again. This breaks the sleep cycle.

Q. My nine-year-old daughter just got her first period. Isn't that awfully young?

Boulter: The normal age for menarche, or menstruation, is nine to sixteen, with the average being twelve years and four months.

According to a new study published by the American Academy of Pediatrics, the onset of secondary sexual characteristics, such as pubic hair and breast development, is starting earlier—at age seven for 6.7 percent of white girls and 27.2 percent of African-American girls. *Editor's note: Researchers at the University of Chicago recently speculated that the behavioral signs of puberty, such as sexual attraction, may actually begin around age six, when the adrenal glands produce sex hormones, but that the actual physical changes happen later.*

However, one in 5,000 to 10,000 children experiences precocious puberty, the onset of early physical changes of puberty before age seven. In these rare cases, parents would consult a pediatric endocrinologist.

Howard: Remember that a girl who develops early may be noticed or teased by boys earlier, too. Talk to your daughter about this to be sure she knows how to handle this kind of situation.

Q. My eleven-year-old son is much shorter than his classmates. Is it possible he's stopped growing for good?

Howard: Children's height should go up about two inches a year. If it's been less than a year since your son last grew, it's probably nothing to worry about. But no change in height after a year may be the first indication of an illness such as a thyroid or kidney disorder or disease, or an inflammatory bowel disease. Once the underlying condition is treated, the child usually starts growing again, although sometimes the growth is stunted.

Pasquariello: There is a wide range of time during which boys begin puberty—anywhere between ten and sixteen. If your son showed signs of puberty at eight or nine, or if he grew five to six inches taller than his classmates before stopping, he may have experienced precocious puberty and won't grow anymore. If not, then have a doctor check him for a hormonal problem.

Q. No matter how much sleep our fourteen-year-old son gets, he's always tired. Could he be ill?

Boulter: Parents often assume fatigue in teenagers is a sign of mononucleosis, but mono has other distinct symptoms: sore throat, fever, swollen glands. Fatigue can also be caused by anemia, chronic fatigue syndrome or a host of other diseases. But in all probability, your son is just naturally tired: Teens actually do need more sleep than adults—as much as ten hours. But if he seems to sleep through all his free time, or if he always stays



Tired teens may need more sleep

closed up in his room, that may be a sign of depression that should be discussed with your doctor.

Howard: If your son sleeps more than ten hours on weekends, he could be sleep-deprived. Or, he might be playing video games or talking on the phone during the time he claims to be resting.

Constant tiredness could also be a sign of sleep apnea, an often hereditary condition in which the upper airway closes off for short periods. If your son snores loudly and briefly stops breathing during the night, take him to the doctor.

Q. This is very embarrassing, but our thirteen-year-old son seems to have developed breasts. What could cause this?

Boulter: At least 50 percent of all boys will get breast development (gynecomastia) in one or both breasts. It occurs at early to mid puberty when the hormone level is especially high, and the excess tissue goes away in about six to twenty four months. Mostly it's just an embarrassment that can be hidden by wearing a T-shirt in the locker room and on the beach.

Corrigan: In very rare cases, the breast tissue doesn't go away and can be removed surgically. ●

Liza N. Burby writes a weekly parenting column for Newsday.

KID FACT: The first stages of puberty may begin as early as age six, when adrenal hormones start to surg

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WINNERS and losers

The children's weight-loss program that really works

BY RONNY FRISHMAN

Ariel Quick started getting pudgy around age four. Family photos show her progression from a round-faced youngster to a considerably heavy child with a double chin and matronly look. "I was *really* big!" says Ariel, a precocious sixth-grader. "I used to get teased a lot."

Worried about her daughter's increasing girth, Brenda Quick took Ariel to several doctors. They suggested the usual reduction in what she ate, but both mother and daughter live in Baton Rouge, Louisiana—Cajun country, where the staples are gumbo and rice smothered in gravy. Ariel and Brenda, who is tall and lanky, found it hard to give up those local favorites along with fried chicken, Ding Dongs and McDonald's. "It was just the two of us. Fast foods were easier," says Brenda, thirty-six, who works full-time as an accountant and got divorced when Ariel was two.

By the end of third grade, Ariel was four feet four and her weight had ballooned to 123 pounds, which is 80 percent heavier than she should have been. Just nine years old, Ariel was having trouble in dance class and in gym. "I was so big, I couldn't breathe," she says. She was mortified when she took the third-grade physical fitness test and ran the mile in twelve minutes, beating only one other student—another overweight girl. Most kids ran the mile in ten minutes or less, giving them plenty of time to watch Ariel struggle.

Brenda was heartsick. "Kids can be very cruel. Ariel is an outgoing person, and I didn't want people to tease her and have her go into a shell." She heard about a program called Committed to Kids (CTK) run by Louisiana State University, in New Orleans, with a branch in Baton Rouge. It had a reputation for success and Brenda encouraged Ariel to try it. "I was very excited," the youngster recalls. "I wanted to lose weight."

The war against obesity

Frustrated with diets that didn't help kids, Robert M. Suskind, M.D., chairman of pediatrics at Louisiana State launched Committed to Kids about ten years ago. Since then, CTK has helped hundreds of children aged six to seventeen shed pounds and improve their health and emotional well-being. "Obesity is the most significant disease that children have in the United States today," asserts Suskind. Across the country, almost 30 percent of children and teens are overweight, and the numbers are rising. *(continued)*



Ariel Quick before (above) at 80 percent overweight, and with her mom, Brenda, after one year of the program and two thirds of the way to her goal (right)



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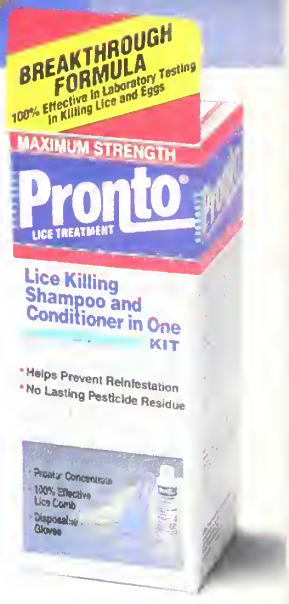
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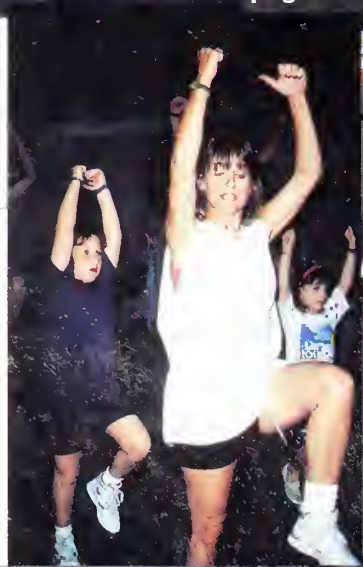
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At a weekly meeting, the group shares ideas for and discusses barriers to weight-loss success



A weigh-in checks progress every week





One-on-one nutrition advice, mandatory group exercise and medical supervision



(continued) ate only steamed vegetables and 12 to 18 ounces of protein a day (mostly from lean meat, egg whites and egg substitute).

"At first, it was really hard making her understand what she could and couldn't eat," says Brenda. Even fruit was not allowed because of its high sugar content. "I love fruit!" Ariel exclaims. "I died about that." She had to force herself to turn down sweets at school and with friends. "Well, sometimes I did cheat," she admits.

No doubt about it: It is a drastic diet—especially for kids used to downing mega-portions. However, several studies have proven this diet to be metabolically safe (when supervised), because the kids eat enough protein to preserve lean muscle. Since they cut out carbohydrates—one of the main sources of energy—their bodies draw on stored fat for energy production.

"A lot of kids look at you like you're crazy. They say they can't do it," says dietitian Heidi Schumacher, R.D., who developed CTK's nutrition segment. "We tell them to try it for two weeks. After two weeks, they're losing weight and they're not feeling hungry."

Burning fat produces ketones, chemicals that blunt the brain's hunger signals, so the pangs disappear within four days. Ketones are monitored carefully because high levels can cause serious side effects including dizziness and nausea. The CTK diet is designed and supervised to keep ketone levels in a safe range. Because the diet is so sparse, CTK kids receive a medical screening before starting the diet, then another at ten weeks and at one year.

With encouragement from the CTK team, Ariel stuck with the program. Brenda informed the staff at Ariel's school and after-school program about the diet, so Ariel could bring her own snack—sugar-free gelatin—and carry around a mug to meet her daily quota of eight cups of water. One teacher was so impressed by Ariel's fortitude that she sent a note home complimenting her progress.

The benefit of the strict diet is quick results—a 15 to 20 percent weight loss in ten weeks. It may be tough to stick to the diet, but the rapid weight loss is motivating, and it boosts energy, making exercise easier. After about twenty weeks, most kids switch to a balanced diet (1,200 to 2,000 calories) that includes all six food groups.

The program is not simply about severe restriction, because that won't last. The nutrition education message is healthful eating and portion control. Youngsters are taught to read supermarket labels and make wise food choices, like opting for skim or one-percent milk, lean meats, fruits and vegetables. They learn to prepare low-fat dishes and get tips on restaurant survival. A fast-food guide provides acceptable menu options, so an occasional visit to Wendy's or Taco Bell needn't sabotage their diets. *(continued)*

KID FACT: A person who is overweight as a preteen has a 70 percent chance of developing into an obese adult



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Diet alone is not enough

Exercise is part of the plan from day one, and Sothern has developed movements appropriate for even the most severely overweight. "For some it's the first time they've been able to do exercise," Sothern notes. "I never have trouble with compliance."

The program incorporates aerobic activity with strength and flexibility training. The most severely obese start with non-weight-bearing exercises done in a chair, while others use workout videos, walk, jog, swim, bike or play sports—in short, whatever they enjoy. Children work toward "mastery," setting reasonable goals for increased exercise.

The obvious aim is to incorporate physical activity into daily life—and that can include mowing the lawn or doing jumping jacks while watching TV. Parents also are urged to be active and to join their children in some exercise every weekend.

Ariel kept a log of her exercise. When staying with her father for weekends and summers, she would ride her bike or jump on a trampoline. At home, after dinner with her mom, instead of watching TV, they would walk or in-line skate around their suburban neighborhood.

CTK stresses the importance of changing the family lifestyle, explains Kris von Almen. The program, in fact, has influenced Brenda's attitude toward food and fitness, and though she's thin, she now tries to stay active and watch her diet. Once in a while, she and Ariel will treat themselves to a restaurant meal or popcorn at the movies, but they always work it off the next day. "I'm pretty strict with her," Brenda says.

Because dieting is so tough and relapses are inevitable, CTK gives children and parents a forum to discuss triumphs and defeats. Led by a specialist in child development, group (and sometimes one-on-one) counseling sessions offer emotional support and strategies to overcome roadblocks. The focus, however, is always on positive behavior—whether it's trying a new vegetable or jogging an extra mile. "We want to make the kids feel good about themselves, and eventually the habits will carry on," Schumacher says.

Eighteen-year-old Theron Wise, currently five eleven and 205 pounds, has maintained a 53-pound weig loss over three years. "I feel mu better about myself, and I have mu more energy," says Theron, who h become so nimble that he was mov from defensive lineman to fullba on his high-school football team.

Nearly five years since the pr gram, Ronald Morgan, Jr., a twen year-old junior at the University New Orleans, credits CTK with g ing him the skills to control h weight. Ronald was referred to t program by his pediatrician wh bad eating habits left him 34 perc overweight and sent his choleste soaring to 245 (children's choleste should be less than 170; adul should be below 200). By the ti he completed CTK, he was five f and 136 pounds—only 14 perc overweight. Today his cholestero 154 and he is about five eight a 150 pounds—not overweight at "There's always temptation," Ron admits. "But the program helpe lot in letting me say, 'No, not nov

Of course, it's not just the p gram. "The kids who have the m support—from Mom and Dad, fr siblings, and caretakers—do best," says Stewart Gordon.

Six months after starting CT Ariel's weight dropped to 98 pou (falling from 80 percent to 38 cent overweight). Eighteen mon later, she has gotten taller and ad some weight—but even at five and 142 pounds, she's only 33 cent over her ideal weight. "I fee *ally* good," says a slimmed-d Ariel, happily demonstrating newfound agility with a cartw and backbend.

Brenda rewarded Ariel's we loss with gifts, like a hula hoop tennis shoes. "I'm proud of her. a big accomplishment."

Robust and happy, Ariel still tends CTK meetings occasionall stay on track. After all, she has the benefits of sensible eating exercise. She has a closet ful stylish new outfits, and at the en fourth grade, she ran the mil nine minutes. This time she nearly everyone—even the boys.

Does Your Child Need This Program?

How does a parent know when a child should join a weight-loss program? If you're concerned, ask your family pediatrician whether your child is actually overweight for his height and age. And keep watch for psychological symptoms: "If a child is getting teased a lot about her weight or slipping in school, it's time to do something," advises pediatrician Stewart Gordon, M.D. The anxiety and isolation of being overweight can lead to depression and is likely to interfere with learning. Problems in school are often the first indication that weight is having an emotional impact on a child, says CTK's program director Melinda S. Sothern, Ph.D.

Studies show that a family-based program with controlled diet, exercise and behavior therapy is the most effective treatment for pediatric obesity. At the New Orleans Committed to Kids center, the cost to enroll a child for one year is $2,400 (most insurance companies will cover it); the heaviest kids are enrolled for two years. If there is no child-oriented weight-loss center near you, talk to your pediatrician about starting a local chapter. They can obtain training and materials from the New Orleans center.

Committed to Kids currently has about forty satellite programs worldwide. For information, call 888-809-2701, or write the Louisiana State University Medical Center Pediatric Weight Management Program, 1542 Tulane Avenue, New Orleans, LA 70112.

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Fifth-grader-for-a-day Holly Robinson and her ten-year friend Jake Young

MY DAY AS A 10-year-old

Next time, I'll think twice before I say, "Oh, to be in fifth grade again!"

BY HOLLY ROBINSON

It's six forty-five A.M., and already Jake Young, ten, is on the run. She eats cereal with one hand and brushes her hair with the other. Her seven-year-old sister sits next to her, fretting over unfinished math homework. The baby is still asleep.

Jake's mother drinks tea with the children and reminds Jake to take her flute as the girl flies out the door. On Thursdays, Jake carpools with two other members of the grade five Leaders' Club, which holds weekly meetings before school.

Today, I'm driving. As the mother or stepmother of two ten-year-olds, an eight-year-old and a seven-year-old, I've been wondering lately just how different my kids' childhoods are from my own. I'm about to find out.

In the car, the three girls gossip about everything from which boys are "hot" or "totally gross" to who has the largest collection of Beanie Babies.

Caught in the great divide between childhood and adolescence, these ten-year-olds like to try on makeup, paint their nails, dress up and fantasize about careers. Yet they also love to muck around in the woods and occasionally still play with dolls. They don't seem all that different from the way I was at their age: alternately sophisticated and gawky, confident and terrified.

FOLLOW THE LEADERS

The gap between us, however, starts to widen the minute we enter Winthrop School, where Jake introduces me to a teacher standing at the front door.

"Are you a new caregiver?" she asks politely.

Winthrop School is located in Hamilton, a solidly middle-class Massachusetts community of about seven thousand. Hamilton's median household income of $49,167 reflects the fact that most *(continued)*

KID FACT: Fewer than a third of all parents get involved with their kids' homework every day



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Fifth-grader-for-a-day Ho
Robinson and her ten-ye
friend Jake Young

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It's six forty-five A.M., and already Jake Young, ten, is on the run. She eats cereal with one hand and brushes her hair with the other. Her seven-year-old sister sits next to her, fretting over unfinished math homework. The baby is still asleep.

Jake's mother drinks tea with the children and reminds Jake to take her flute as the girl flies out the door. On Thursdays, Jake carpools with two other members of the grade five Leaders' Club, which holds weekly meetings before school.

Today, I'm driving. As the mother or stepmother of two ten-year-olds, an eight-year-old and a seven-year-old, I've been wondering lately just how different my kids' childhoods are from my own. I'm about to find out.

In the car, the three girls gossip about everything from which boys are "hot" or "totally gross" to who has the largest collection of Beanie Babies.

Caught in the great divide between childhood and adolescence, these ten-year-olds like to try on makeup, paint their nails, dress up and fantasize about careers. Yet they also love to muck around in the woods and occasionally still play with dolls. They don't seem all that different from the way I was at their age: alternately sophisticated and gawky, confident and terrified.

FOLLOW THE LEADERS

The gap between us, however, starts to widen the minute we enter Winthrop School, where Jake introduces me to a teacher standing at the front door.

"Are you a new caregiver?" she asks politely.

Winthrop School is located in Hamilton, a solidly middle-class Massachusetts community of about seven thousand. Hamilton's median household income of $49,167 reflects the fact that most *(continued)*

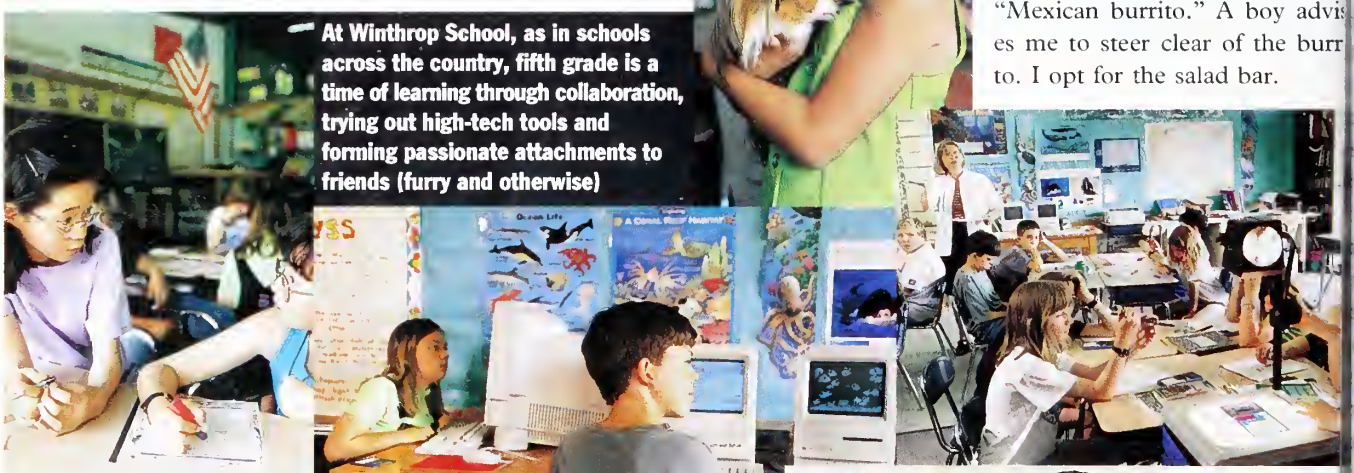
KID FACT: Fewer than a third of all parents get involved with their kids' homework every day


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(continued) families here are dual-income. Hamilton is not unusual in this respect: Nearly 60 percent of American women with school-age children work outside the home, relying on a patchwork system of baby-sitters, relatives, after-school programs and day-care centers.

All this is a far cry from the life I led at ten. I walked to school with friends and came home directly afterward to have cookies and milk in the kitchen with my mom. Occasionally, I attended Girl Scouts; otherwise I cruised the neighborhood on Strawberry, a pink bicycle that I pretended was a horse.

I follow Jake and her friends into the library, a brightly decorated room buzzing with ten-year-olds. Principal Martha Cesarz established the Leaders' Club to help fifth graders, who move to middle school next year, learn to be role models.



At Winthrop School, as in schools across the country, fifth grade is a time of learning through collaboration, trying out high-tech tools and forming passionate attachments to friends (furry and otherwise)

The club proceedings remind me of a scaled-down version of Toastmasters, the organization that teaches public-speaking to executives. With a fervent jangle of her silver bracelets, Principal Cesarz directs the children to create skits aimed at offering advice to younger kids.

They huddle in noisy "teams" of four or five. The boys, outnumbered by girls two to one, quickly take over the tables along the windows.

There is not a dress or skirt in sight. The uniform for both sexes is T-shirts, jeans or shorts and brand-name sneakers. The only real fashion statements are one girl's glittery gold eyeshadow and another's skinny rat tail, braided through with bright cloth threads.

"It's real, not fake," she volunteers. "My aim is to be a hippie."

"Do you know any hippies?" I ask.

"My dad used to be one," she replies. "He had a long beard and everything."

The Leaders' Club skits have serious themes: teaching safety, helping youngsters avoid fistfights. The girls at my table craft a mini-drama involving a student who accidentally hits another in the eye with a coat. A fistfight ensues; paramedics arrive and one student is rushed to the hospital. The girls perform all of this with movie-style punches and siren wails.

By the time the principal adjourns the meeting, the noise has reached pain-inducing decibels. (And I remember when you weren't even allowed to whisper in the library!) We move on to Jake's classroom, where a boy chases a girl around a desk. Then, for no apparent reason, they switch and she chases him around the desk.

Or rather, around a cluster of desks: Like most classrooms these days, this one is set up to accommodate cooperative learning. No more rows of desks, all lined up to face the chalkboard. In truth, I'm not sure I would have gone for all this group interaction: I preferred sitting in back (the better to sneak a novel inside my textbook). Here, everyone is in the limelight.

The teacher, Irene Raber, calls the room to order and hands out a series of brain teasers the students complete each morning. Then she asks for a show of hands to indicate who's buying what for lunch. The menu clearly shows the input of a marketing consultant: pizza, chicken nuggets, "Mexican burrito." A boy advises me to steer clear of the burrito. I opt for the salad bar.



ADVENTURES IN CYBERSPACE

The lunch tables taken, we proceed to the "technology center." Earlier this year, President Clinton began promoting his goal of hooking up all U.S. schools to the Internet by the year 2000; to date more than 65 percent are so wired, including Winthrop School. The class is using computers to prepare reports on ocean animals, one element of a class unit on oceanography, but another vivid lesson in how thoroughly education has been turned on its ear since I was ten. *(continued)*

AY AS A TEN-YEAR-OLD

d

elementary school in the sixties
d clearly defined lessons in
reading, science and social
s. Today's educators have
d a "thematic" approach. Dif-
disciplines, such as math, read-
ience and social studies, are
ted around topics—ocean ani-
for instance—and taught
n hands-on instruction instead
ures or skill drills. These fifth
are currently reading *Island of*
ue Dolphins, and dissecting
A field trip to Gloucester Har-
ome seventeen miles away, is
led for tomorrow. Today, with
lp of HyperStudio, they are
g their research reports, which
ill later present to the class
ed on a big overhead screen.
d as "software for a media-
world," HyperStudio lets
ts arrange reports into subject
" much as students have al-
one. That, however, is where
semblance to traditional re-
ends: With HyperStudio, fin-
reports are personalized
edia productions that include
ns, multicolored maps, graphs
notographs scanned in from
sources, along with sounds as
as elephants trumpeting and
s being zipped. I haven't a
ow to do all this; these kids,
, are in their element. They pair up around terminals and work the keyboards like old pros, cropping pictures and jostling text on their screens.

I wonder just how these high-tech tools are changing the way our children think, create and work. Sandra Calvert, Ph.D., an associate professor of psychology at Georgetown University, in Washington, D.C., believes that today's technologies allow us to communicate more visually than ever before—one reason they are so naturally appealing to children. "Historically, words have won in our culture over pictures," Calvert explains, "but language is a far more abstract symbol system. I think we'll see the whole culture eventually move toward thinking more visually." As I ponder this, the girl sitting beside me asks the class whether anyone has seen her library book. "It's called *Under the Sea*," she says.

About half of the class immediately begins trilling the lyrics to the song from Disney's *The Little Mermaid*, until the teacher reminds them to "stay on task."

The impromptu songfest hammers home to me the extraordinary media-savviness of this generation. Not only do they watch, in an average week, twenty-seven hours of TV, they also view three to seven videos. Disney has become their mythology, as they watch films like *The Lion King* and *The* *(continued on page 95)*

ow Well Do You
now Your Child's School?

re like most mothers, the biggest chunk of your child's day is a total mystery to ou probably suspect, from the work she brings home, that all has changed since ere in school: The math is impenetrable; history has been rewritten; and nar is apparently nonexistent.

it's why we urge you, at least once every academic year, to visit your child's l. Be a fly on the wall during science class. Eat hot lunch in the cafeteria. Sit in nd practice. As you observe, ask yourself the following: Is my child being offered portunity for individual achievement as well as collaboration? Does the school the basics as well as creativity? Is there a healthy balance between traditional ds like drills or memorization and process-oriented, hands-on learning? Does ce of the school day allow for contemplation as well as stimulation? Do the ers see themselves as facilitators or instructors? Whatever you discover, we o hear about it. Write to us at *Ladies' Home Journal*, 125 Park Avenue, New NY 10017, or E-mail us at LHJ@nyc.mdp.com.



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Type 2 diabetes gets progressively worse, and insulin is sometimes the right choice, but before you get to that point, fight back! Find out how GLUCOPHAGE can help get your diabetes under control when added to an approved diet. Your doctor or healthcare provider will know best if GLUCOPHAGE is right for you. For more information, call 1-800-392-9700.

If side effects occur, they usually occur during the first few weeks of therapy. They are normally minor ones such as diarrhea, nausea, and upset stomach. Taking GLUCOPHAGE with meals can help reduce these side effects. The most serious side effect associated with GLUCOPHAGE is called lactic acidosis. Lactic acidosis is caused by a buildup of lactic acid in the blood. Lactic acidosis associated with GLUCOPHAGE is rare and has occurred in one in 33,000 patients on GLUCOPHAGE over the course of one year. Primarily, this happens in people whose kidneys are not working normally, who have a history of liver disease, or who drink alcohol excessively. If lactic acidosis occurs, it can be fatal in up to half the cases. There is some evidence that some oral diabetes drugs may increase the risk of heart problems. Please see important patient information on the next page.

ASK YOUR DOCTOR ABOUT...

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(Metformin Hydrochloride Tablets) 500 mg

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F5-K033 Issued August 1997 Printed in USA

PATIENT INFORMATION ABOUT GLUCOPHAGE®

(metformin hydrochloride tablets)

500 mg and 850 mg

WARNING: A small number of people who have taken Glucophage have developed a serious condition called lactic acidosis. Properly functioning kidneys are needed to help prevent lactic acidosis. Most people with kidney problems should not take Glucophage. (See Question Nos. 7-11)

Q1. Why do I need to take GLUCOPHAGE?
Your doctor has prescribed GLUCOPHAGE (GLUE-coe-fahj) to treat your type II diabetes. This is also known as non-insulin-dependent diabetes mellitus (NIDDM).

Q2. What is type II diabetes?
People with diabetes are not able to make enough insulin and/or respond normally to the insulin their body does make. When this happens, sugar (glucose) builds up in the blood. This can lead to serious medical problems including kidney damage, amputations and blindness. Diabetes is also closely linked to heart disease. The main goal of treating diabetes is to lower your blood sugar to a normal level.

Q3. How is type II diabetes usually controlled?
High blood sugar can be lowered by diet and exercise, by a number of oral medications and by insulin injections. Before taking GLUCOPHAGE you should first try to control your diabetes by exercise and weight loss. Even if you are taking GLUCOPHAGE, you should still exercise and follow the diet recommended for your diabetes.

Q4. Does GLUCOPHAGE work differently from other glucose-control medications?
Yes it does. Until GLUCOPHAGE (metformin hydrochloride tablets) was introduced, all the available oral glucose-control medications were from the same chemical group called sulfonylureas. These drugs lower blood sugar primarily by causing more of the body's own insulin to be released. GLUCOPHAGE (metformin hydrochloride tablets) lowers the amount of sugar in your blood by helping your body respond better to its own insulin. GLUCOPHAGE does not cause your body to produce more insulin. Therefore, GLUCOPHAGE rarely causes hypoglycemia (low blood sugar) and it doesn't usually cause weight gain.

Q5. What happens if my blood sugar is still too high?
When blood sugar cannot be lowered enough by either GLUCOPHAGE or a sulfonylurea, the two medications may be effective taken together. However, if you are unable to maintain your blood sugar with diet, exercise and glucose-control medication taken orally, then your doctor may prescribe injectable insulin to control your diabetes.

Q6. Can GLUCOPHAGE cause side effects?
GLUCOPHAGE, like all blood-sugar lowering medications, can cause side effects in some patients. Most of these side effects are minor and will go away after you've taken GLUCOPHAGE for a while. However, there are also serious, but rare side effects related to GLUCOPHAGE (see below).

7. What kind of side effects can GLUCOPHAGE cause?
If side effects occur, they usually occur during the first few weeks of therapy. They are normally minor ones such as diarrhea, nausea and upset stomach. Taking your GLUCOPHAGE with meals can help reduce these side effects.

Although these side effects are likely to go away, call your doctor if you have severe discomfort or if these effects last for more than a few weeks. Some patients may need to have their dose lowered or stop taking GLUCOPHAGE, either temporarily or permanently. Although these problems occur in up to one-third of patients when they first start taking GLUCOPHAGE, you should tell your doctor if the problems come back or start later on during the therapy.

About three out of one hundred people report having a temporary unpleasant or metallic taste when they start taking GLUCOPHAGE.

Q8. Are there any serious side effects that GLUCOPHAGE can cause?
GLUCOPHAGE rarely causes serious side effects. The most serious side effect that GLUCOPHAGE can cause is called lactic acidosis.

Q9. What is lactic acidosis and can it happen to me?
Lactic acidosis is caused by a buildup of lactic acid in the blood. Lactic acid ciated with GLUCOPHAGE is rare and has occurred mostly in people whos were not working normally. Lactic acidosis has been reported in about one patients taking GLUCOPHAGE (metformin hydrochloride tablets) over the c year. Although rare, if lactic acidosis does occur, it can be fatal in up to half

It's also important for your liver to be working normally when you tak PHAGE. Your liver helps remove lactic acid from your bloodstream.

Your doctor will monitor your diabetes and may perform blood tests or time to time to make sure your kidneys and your liver are functioning n

There is no evidence that GLUCOPHAGE causes harm to the kidneys o

Q10. Are there other risk factors for lactic acidosis?
Your risk of developing lactic acidosis from taking GLUCOPHAGE is ve long as your kidneys and liver are healthy. However, some factors can your risk because they can affect kidney and liver function. You shoul GLUCOPHAGE if:

- You have chronic kidney or liver problems
- You drink alcohol excessively (all the time or short-term "binge" drin
- You are seriously dehydrated (have lost a large amount of body fluids
- You are going to have certain x-ray procedures with injectable contra
- You are going to have surgery
- You develop a serious condition such as a heart attack, severe infe stroke.

Q11. What are the symptoms of lactic acidosis?
Some of the symptoms include: feeling very weak, tired or uncomfortab al muscle pain, trouble breathing, unusual or unexpected stomach d feeling cold, feeling dizzy or lightheaded, or suddenly developing a slow lar heartbeat.

If you notice these symptoms, or if your medical condition has changed, stop taking GLUCOPHAGE and call your doctor right away. La sis is a medical emergency that must be treated in a hospital.

Q12. What does my doctor need to know to decrease my risk of dosis?
Tell your doctor if you have an illness that results in severe vomitin and/or fever, or if your intake of fluids is significantly reduced. These sitt lead to severe dehydration, and it may be necessary to stop taking GL temporarily.

You should let your doctor know if you are going to have any surgery ized x-ray procedures that require injection of contrast agents. GLUCOP apy will need to be stopped temporarily in such instances.

Q13. Can I take GLUCOPHAGE with other medications?
Remind your doctor that you are taking GLUCOPHAGE when any new scribed or a change is made in how you take a drug already presc COPHAGE may interfere with the way some drugs work and some drugs fere with the action of GLUCOPHAGE.

Q14. What if I become pregnant while taking GLUCOPHAGE?
Tell your doctor if you plan to become pregnant or have become pregn other oral glucose-control medications, you should not take GLUCOPH pregnancy.

Usually your doctor will prescribe insulin while you are pregnant. s medications, you and your doctor should discuss the use of GLUCOP are nursing a child.

Q15. Are there other risks associated with GLUCOPHAGE?
There is some evidence that any oral diabetes drug may increase the problems. Experts are not sure what the real risk is for heart problems taking oral diabetes medicine.

Q16. How do I take GLUCOPHAGE?
Your doctor will tell you how many GLUCOPHAGE tablets to take and This should also be printed on the label of your prescription. You will started on a low dose of GLUCOPHAGE and your dosage will be increa ally until your blood sugar is controlled.

Q17. Where can I get more information about GLUCOPHAGE?
This leaflet is a summary of the most important information about GL If you have any questions or problems, you should talk to your do healthcare provider about type II diabetes as well as GLUCOPHAGE effects. There is also a leaflet (package insert) written for health profe your pharmacist can let you read.

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Revised June 1996

Bristol-Myers Squibb Company

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AY AS A TEN-YEAR-OLD

ued from page 91

Mermaid again and again. So sant is their exposure to media, critics charge, that parents' tra- nal role is being usurped. her it's incest or murder, drug ction or bulimia, our children nore likely to hear about adult s from the small screen than us.

rtainly, TV has made today's more aware of sex than I ever This comes through in the so- ication of the fifth-grade banter. ne girl returns from the bath- n, she greets a boy at the outer next to her with a hearty, , you hot babe."

ie boy blushes. "She's been say- hat stuff since first grade."

hat's striking is not that a ten- old girl might have a crush on a but that she would feel so unin- ed about expressing it—and in highly charged language.

t, on the whole, these ten-year- have an easy camaraderie with the opposite sex that is a lot healthier and more respectful than the abuse I endured in far more innocent times. One of my most persistent fifth-grade tormentors, for instance, used to pluck every girl's shirt, so he could find out who was wearing a bra. Then he'd ask if we were turtles.

"No?" he would chortle. "Then why do you snap?"

WELCOME TO THE RAT RACE

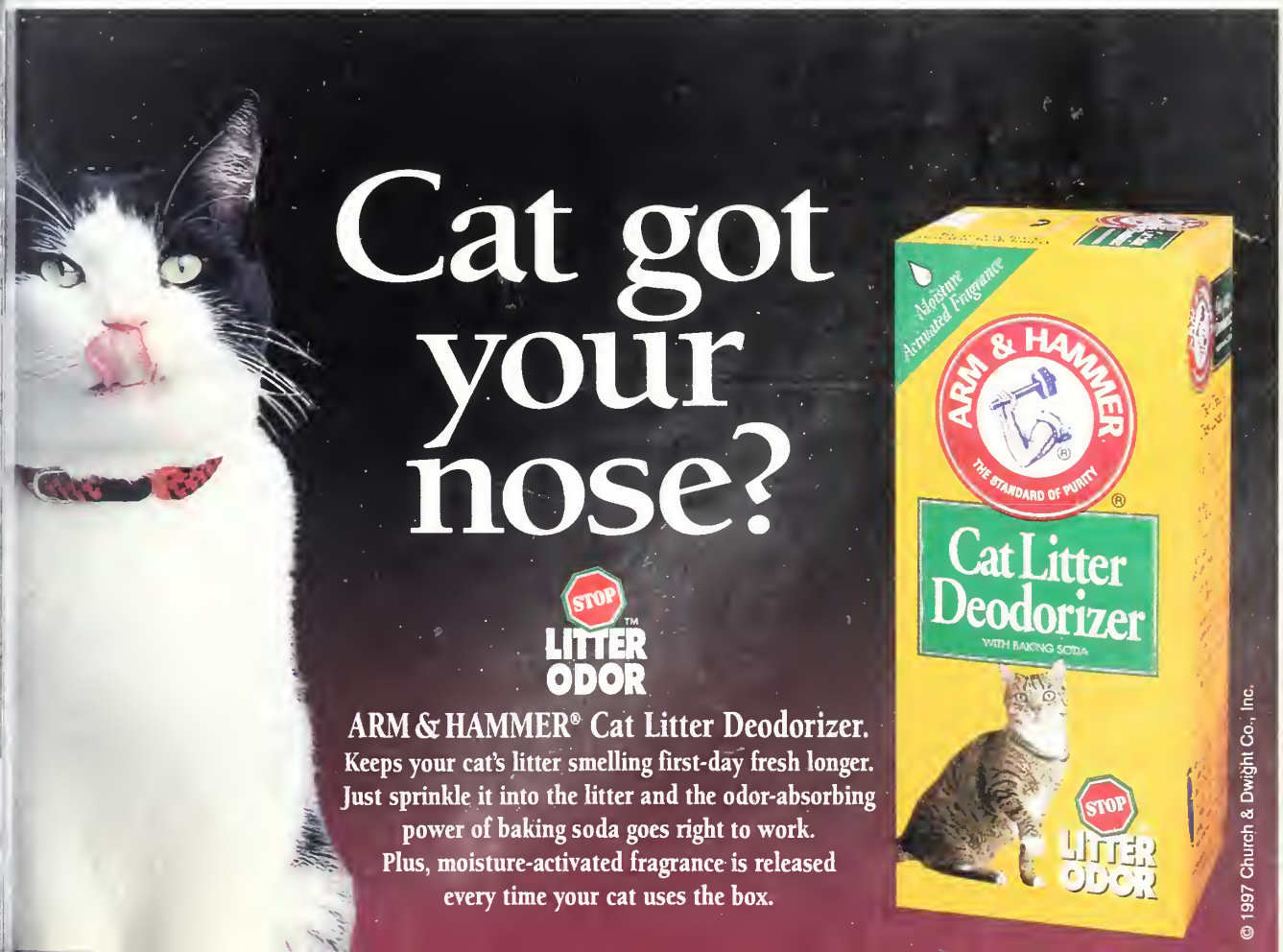
It's only an hour into the school day, and I'm already tired. I grab a quick cup of coffee in the teachers' lounge, wondering how these kids do it. Jake, for instance, not only goes to school every day, she plays soccer, sings in chorus, takes flute lessons and is a member of Girl Scouts. And many kids are even busier.

"If you poll this class, you'll find very few do just one thing after school," Raber tells me. "That's why I teach time management in class."

Time management? Didn't my husband, a senior software engineer at a large digital imaging company, just take a course in that from his human resources department?

To an extent that I hadn't fully comprehended, school today is a kind of microcosm of the business world, thick with mini-workshops on self-esteem, leadership and teamwork. This rather disturbing trend not only thrusts our children into a milieu they may not be ready for, it also threatens to shortchange them academically. "Even as evidence mounts that American students are lacking in basic academic skills," charges Charles J. Sykes, author of *Dumbing Down Our Kids: Why American Children Feel Good about Themselves but Can't Read, Write, or Add* (St. Martin's, 1995), "schools are increasingly emphasizing so-called 'affective' learning that deals with the feelings, attitudes and beliefs of students, rather than addressing what they know or can do." Judging from the morning's activities, Winthrop School is attempting to cover both bases—and I, for one, am exhausted.

But after computer *(continued)*



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class, the morning speeds by. There is library time; a sort of group hug with Cinderella, the class guinea pig, during snack time; an outdoor recess; and a discussion session centered on *Island of the Blue Dolphins*. But many of the children haven't done their assigned reading, so the teacher divides them into groups to finish. I'm reminded of a recent complaint I heard from a teacher I know. "How can children finish their homework when their parents put extracurricular activities first?" she asked. "Parents say I give too much homework. They can't believe I actually take off points when their kids don't get it done on time."

TRIANGLES AND OTHER MYSTERIES

By now, it's eleven-fifteen A.M., and I'm starving. When the kids break for lunch, I gratefully head to the cafeteria to wolf down my salad.

The next lesson, "Discoveries with Triangles," is another eye-opener. Instead of telling the children the rules governing triangles, the teacher assumes the role of—more jargon from the business world—"facilitator." She divides the children into groups and encourages them to create triangles of various sizes from strips of paper. They are to arrive at a definition of a triangle by discovering what properties the shapes have in common.

Then, they have to write (collaboratively, of course) a TV script describing their findings. Both of these activities—problem-solving in teams and incorporating writing into every aspect of the curriculum—are hallmarks of today's educational system. Both make my head spin. What happened to the days when math teachers gave you the formulas to memorize? And can ten-year-olds really write TV scripts?

Indeed, many educational theorists, like Sykes and E.D. Hirsch, Jr., author of *The Schools We Need and Why We Don't Have Them* (Doubleday, 1996), believe that we've gone overboard on "creativity" at the expense of academic rigor. One victim w ten-year-old son of a friend of in Wisconsin. "We didn't even that Nick hadn't learned his mu cation tables until he started h trouble on tests," she confided. er parents were drilling their k home. We assumed he'd learn h multiply at school."

At Winthrop School, as in throughout the country, the p lum has begun to swing back. cators are starting to incorp old-fashioned "basics" like ph spelling tests, math drills and mar lessons into the heady creative, hands-on team pro And President Clinton has ma tional testing, linked to na standards, the centerpiece of hi to give the nation an academ up by 1999. In June, the U.S partment of Education annou the first fruit of this effort: F first time since 1991, Ame fourth graders scored above t ternational average in both m matics and science.

But in this fifth grade, inter triangles is flagging. Noting the gy dip, the teacher brings the to a close. Next on the agend science test on oceanography. me: I majored in biology, ye stumped. There are questions erything from coral reefs to and two essays on top of "What would be the effect plankton were destroyed i oceans?" I read, eyes nearly c with fatigue, before stashing t per in my briefcase.

For it's time for me to leav collect my own children fro school bus. I bid the class goo overwhelmed with gratitude th not ten anymore.

"Boy, am I tired," my own year-old announces as he clim the bus, loaded down with back clarinet and lunch box.

"I'll bet," I say, giving him hug. "Come on. Let's have cookies and milk." •

Holly Robinson writes frequently o parenting and relationships.

On the advantages of owning a spoon.



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How to SIMPLIFY family life

The kids are squabbling, the house is a mess and your life is in overdrive. Here, ways to cut back, from the author of *Simplify Your Life* By Elaine St. James

You've just arrived home after a grueling afternoon at work. You retrieved your two-year-old from the baby-sitter and your seven-year-old from her dance class, but it completely slipped your mind that you were supposed to pick up your ten-year-old after his softball game. How *could* you forget your son's game?

When the phone rings, you run to answer it, hoping it's Tommy saying he's got a ride home. No such luck—it's the fifth-grade teacher: Tommy hasn't been turning in his homework. You search frantically for a pencil to write down the missing assignments, but all you can find is a broken crayon. Call-waiting beeps; you put the teacher on hold to find out the carpool for tomorrow has fallen through. As you get back to the teacher, your toddler begins to whine. He's hungry, but you can't even think about cooking before you clean up the breakfast mess everyone left. Your seven-year-old picks this moment to show you the routine she learned today, and asks if you like it. No, do you really, really like it, or are you just saying that? When your husband walks in, you skip the greeting and simply bark at him to pick Tommy up from softball.

You love your kids. You wouldn't trade them for anything. But, you think, there's got to be an easier way.

There is. The tips here will help you pare down your morning routine, deal with household chores and clutter, restore your family time and lead you to a simpler, saner life.

Eliminate morning madness. For many families, this is the most chaotic time of the day. Try the following suggestions.

- Set a reasonable bedtime for yourself as well as for the kids. Then get up at least a full hour (more for slowpokes and sleepyheads) before you have to be out the door.
- Teach kids *(continued on page 103)*

KID FACT: More than half (53%) of American mothers with children under age one are in the workforce

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Now stains are out of sight, out of mind.



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ontinued from page 98) to set out eir clothes the night before so ere's no last-minute scrounging r clean socks, lost shoes or gym othes. Ditto with their school-igs: When homework is done, put ook bags by the door.

Set the breakfast table the night fore, and see to it that the dishes e in the dishwasher before you ave for work. (Both tasks can be the children's chores list.)

No TV, CD players or Walkmans lowed. If you need the weather or affic report, turn on an all-news dio station for a few minutes.

stablish a simple bedtime rou-ne. It's easier to get a child into ed if you establish a series of cues—r example, bath, bedtime story, uggle time, then lights out. Let ildren know that bedtime is not egotiable. Even teens should be in ed at a reasonably consistent hour. ne ally in accomplishing this is one limits: half an hour total tele-one time and a phone curfew.

ree your weekends for family. you can't do a whole weekend, ck one day, or even a half day, on hich you will accept no social obli-ations or phone calls, do no er-nds, office work or housework: his will be your time to hang out ith the children, read, play games, o for a walk, maybe see a movie. ut don't schedule anything that *has* be done. This isn't easy, but the enefits are enormous.

chedule time for ourself. It's prob-bly been so long ince you've ad a free our that you've orgotten what ou like to do. Make time to emember. Write it on the alendar—in nk. It's impor-ant not only for your own health but as an example for your kids.

Share the workload. Start by lowering your standards for housework. Neat is good, but forget immaculate. Then enlist the help of the whole family.

- Post a chores list that ends debate over whose turn it is. Include yourself and your husband to emphasize that this is a family responsibility.
- Keep a broom and dustpan handy, and teach even very young kids to clean up their own spills.
- Show children how the vacuum cleaner works. Vacuuming their own rooms should be on the chores list.
- Teach them to be responsible for their belongings. Every night before bedtime, they should collect and put away their things.
- Institute toy-free zones, such as the living and dining rooms. Toys are fine in their rooms and the family room.
- Limit laundry. Wash clothes once a week, when they're dirty, rather than every day. Older kids can do their own, but assign them different days to avoid laundry-room logjams.
- Enforce the chores: no TV, no calls, no friends over, no story time until the chores are done. Don't accept any excuses, including too much homework. Contributing to the family is as important a lesson as what they're learning in school.



Set limits on TV watching and stick to them

Just say no. The next time you find yourself tempted to throw a party for thirty people *and* build a set for the school play, stop. Bite your tongue, sit on your hands, stare out the window or hang up quickly. It's not that these things aren't important. But more important is raising happy, healthy kids who know how to create balance in their lives.

You love your kids. But there's got to be an easier way.

Establish house rules. One thing that complicates family life is that parents simply react to their children's behavior rather than make it clear how they want the children to behave. Go over the new rules with the whole family. And, of course, follow them yourself. Here is a sample of the kinds of limits you might establish with school-age kids.

1. Eat only in the kitchen, the dining room or outside.
2. When you use a dish, rinse it and put it in the dishwasher.
3. Ask before you borrow and return the item in the same condition and to the same place you found it.
4. Don't yell into another room. Go to where the other person is.
5. Close the doors when you go in or out, but don't slam them.
6. Turn off the lights, the TV, the stereo and the CD player when you're not using them.
7. Take off your dirty *(continued)*



Have kids set out their clothes the night before



SIMPLIFY FAMILY LIFE

Continued

or wet shoes before coming into the house.

8. Hang up your coat when you come in.

9. Don't bother anyone who is doing homework or taking a nap.

10. Unless the house is on fire, don't interrupt anyone who is on the phone.

You don't need all that stuff. An antique cradle, the Rolls-Royce of strollers, assorted monitors, walkers, riders, exercise equipment—there's no end to the stuff you can buy for your baby. Learn to discriminate between what you actually need and will use and what you simply want.

Neither does your child. Toys get lost, broken or stepped on (usually in the middle of the night). They are the source of most sibling squabbles, and they can quickly overrun your house, your garage and your yard. You can set limits without turning into Scrooge.

- Cut down on presents. Give only on the big holidays: Christmas, Chanukah, birthdays and maybe a very special event—a tonsillectomy, for example.
- Ask family and friends to give experience gifts: a day at the zoo, an activity the child is interested in (for example, an art class) or a performance of a children's play or concert.
- When you do buy toys, get durable ones that offer a variety of creative play possibilities—wooden blocks, Legos, train sets, dollhouses and furniture, board games. Don't buy badly made toys even if they're at the top of your child's list. Rent videos and check children's books out of the library—unless they're classics you want to own.

When you no longer need it, get rid of it. Do a major sweep through each child's room—take out everything but the furniture. Then, with the child's help, keep only what he or she still uses.

Don't put it in the attic (or the basement). Storage space should be a temporary holding pen for seasonal items—clothes, sports equipme holiday decorations and hand-n downs. Get rid of anything else.

Think twice before you get a p If you want to take on the respor bility of a dog, fine. But do kn what you're getting into. Most k swear they'll do everything, and m actually do feed and walk Fido. I then there are those nights of soc practice or swimming, the month camp, the sleepovers. . . . Not mention that you still have to b dog food, take the dog to the vet a vacuum the hair it sheds. You mi want to consider a goldfish instead.

Monitor TV watching. Set ru about how much and which sho Then stick to your policy no ma what tears and protests ensue. Thi a battle for their hearts and min Remember that when you instit the cutbacks, you'll have to make extra effort to provide other, m creative activities.

Overthrow the tyranny of the te phone. Teach kids how to tak

age. Keep a list by the phone of heir friends' phone numbers as as carpooling numbers. Also show . how to use the phone book and : routine phone calls (e.g., to get local movie schedule). When re having dinner or don't want y time disturbed, let the answer- nachine screen for urgent calls.

› a central calendar. It's hard to keep life simple while juggling dozens of commitments. And if you don't write them down, you'll forget. So keep a large month-by-month calendar in a central location—ideally on the wall near the kitchen phone. On the first of every month, take a few minutes with your kids to write in their activities—music lessons, Scout meetings, hockey practice and any other commitments. Then as doctors' appointments are scheduled or birthday invitations come in, make the appropriate entries (time, address, name and phone number) on the calendar and toss out the notices. Teach your kids to check for conflicts before they commit to an activity.

Be consistent. Life is simpler and more organized when kids know what to expect. If you go crazy over something one day and ignore it the next, kids won't have the sense that they live in an orderly, structured world. When they feel secure, they're more likely to want to contribute to that sense of order.

Encourage quiet time. Everyone needs time to catch her breath. Teach your children to appreciate solitude, to enjoy simple things: a walk on the beach, a hike in the mountains or a good book. Give them time and encouragement to draw, paint, take photographs or simply sit quietly and daydream, so that they become more comfortable with silence and their own thoughts. ●

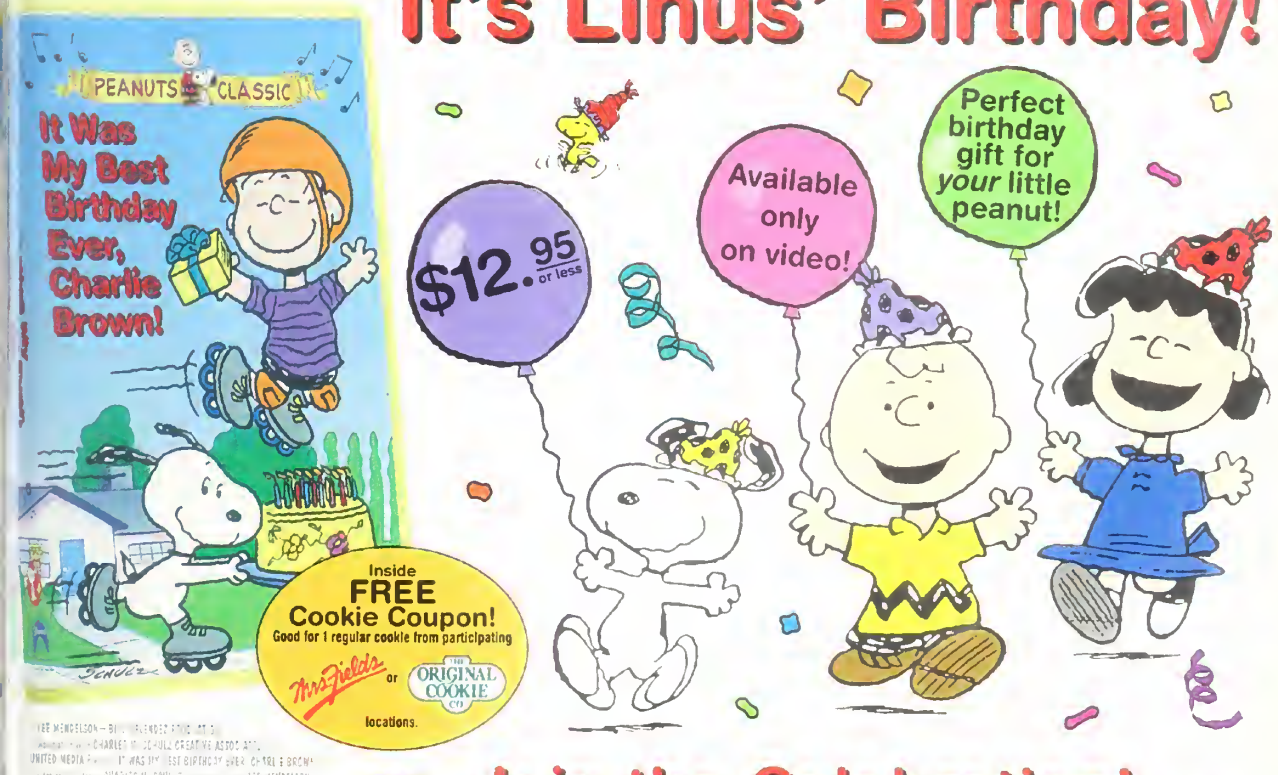
OR MORE INFORMATION

Tired of trying to juggle your kids' softball practice and PTA meetings with meals, laundry, a ctic career and what used to be a cial life? Simplify Your Life With Kids Elaine St. James (360 pp.; hardcover) a practical and creative ide to establishing new rtines in your usehold that will minate morning idness, make mealtime and make bedtime sier. It also offers imsical ideas on what do with your child's baby teeth and other keepsakes, as well as advice on cultivating simple values. Available by arrangement with Andrews and McMeel Publishing for $20.96, which includes shipping, handling and applicable sales tax.



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The silent killer



Donna Purple had no risk factors, but lung cancer may still take her away from her daughter, Jessica, and husband, Jon

Lung cancer is the leading cancer killer. Even if you've never smoked, you could be at risk

By Sarah Wernick

Donna Purple was thirty-six and had never smoked. So she was more puzzled than worried about the dry cough that lingered through the late June vacation she'd taken with her husband, Jon, and ten-year-old daughter, Jessica. Although she'd also been short of breath on the tennis court, she figured she was just out of shape. Still, she called her doctor when they returned home to Cedarville, Ohio.

The doctor suspected asthma, but he took an X ray to make sure. When he showed her the film, even she could see the problem: Behind the horizontal stripes of her ribs, the left lung was clear; but the right one was clouded with white. "You have fluid on your right lung—that's a symptom," he explained. "I think this is the cause." He pointed to a dime-size white circle. "It's a tumor," he said.

"I was terrified," Donna recalls. Her fear intensified as her doctor called a hospital to arrange a CAT scan. "Find an opening," he insisted. "We need to fit her in today."

She had expected to be sent home with just an antibiotic prescription. Instead, at four in the afternoon on Friday, July 1, 1994, she learned she had lung cancer. The CAT scan had revealed several tumors in her right lung.

Over the holiday weekend, Donna and Jon struggled with horror and disbelief. "You think people who get lung cancer must have smoked or worked around asbestos or hazardous chemicals. And none of those fit me," says Donna.

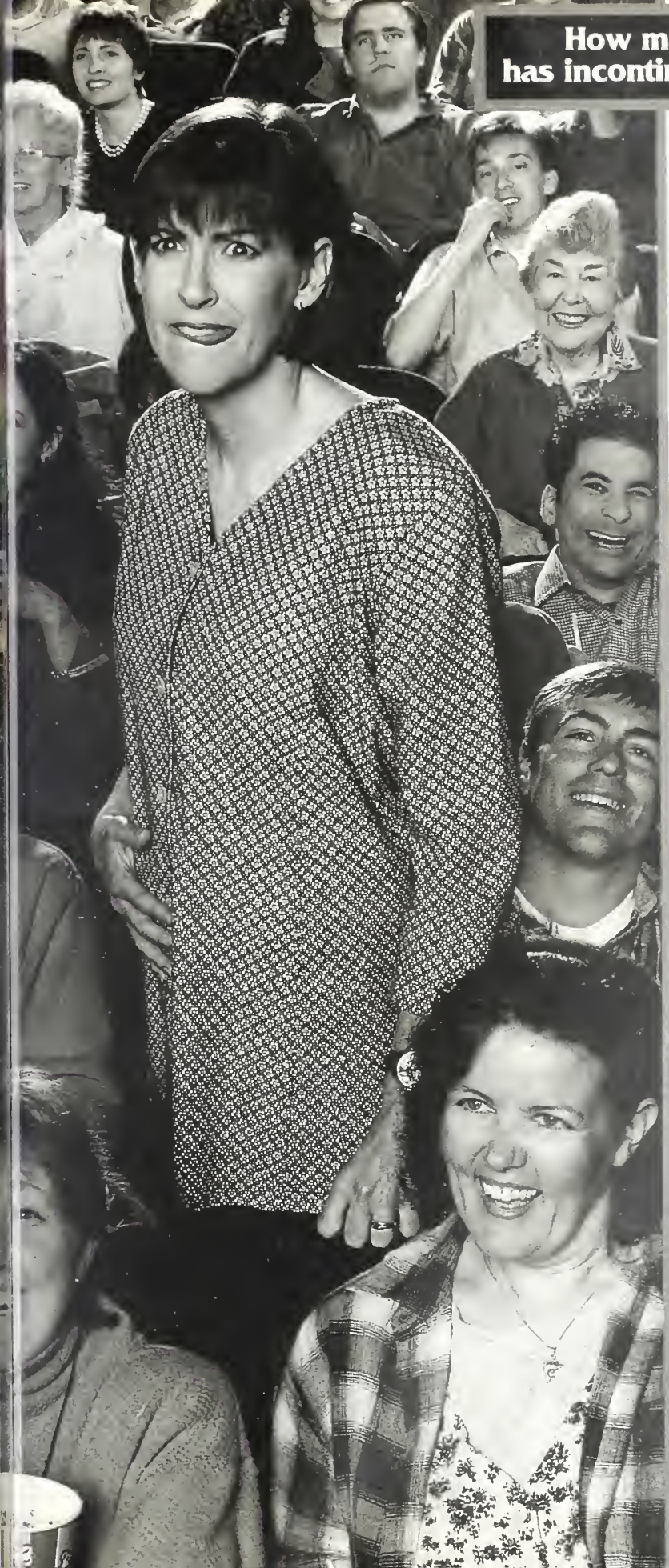
The diagnosis baffled her doctors, too. Not only did Donna have no known risk factor, but less than one lung-cancer patient in a hundred is as young as she is. Three years later, she still has no explanation.

The deadliest cancer

Lung cancer is now the number-one cancer killer of men and women. This year 66,000 American women will die from the disease, according to the latest American Cancer Society statistics—22,000 more than will die of breast cancer. Over the past three decades, women's lung-cancer deaths have soared by over 450 percent. When the National Cancer Institute recently announced that deaths from cancer were declining for the first time in sixty years, there was an unhappy exception to the trend: a 6.4 percent increase in lung-cancer deaths among women from 1991 to 1995.

Yet most women are unaware of the risk because this epidemic has drawn little attention. "There have been no colored ribbons for lung-cancer survivors, no fund-raisers or races for a cure. In fact, lung cancer is one of the least talked-about types of cancer," says Susan McCarthy, director of planning and program development for the Alliance for Lung Cancer Advocacy, Support, and Education, in Vancouver, Washington.

No form of cancer frustrates doctors more. According to the American Cancer Society, a full 87 percent of lung cancers are caused by a preventable behavior: *(continued)*



How many happy endings has incontinence stolen from you?

If you're pregnant or you've just given birth, you know your body has changed. You may have less control over it than you did. Fortunately, a physical therapist can help with evaluation and treatment of incontinence.

Licensed physical therapists provide hands-on examination and treatment for every part of the body. They counsel on rehabilitation, exercise, and the prevention of injury and disease. And they advise on proper posture and body motion in the workplace, treat injuries, consult on fitness, and administer physical therapy in the home as well.

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smoking. What's more, the disease develops over many years and can be cured if found early. But lung cancer is a stealthy killer, rarely displaying symptoms until it has advanced. The tragic consequence: Only 13 percent of lung-cancer patients survive for five years.

A slow-growing stalker

Inside the chest, our lungs resemble an upside-down tree. Air travels down the trachea (windpipe) into the lungs, where the air passages subdivide like branches, ending in clusters of tiny air sacs, the alveoli; there, oxygen and carbon dioxide are transferred to and from the blood. Irritating particles are swept up out of the lungs by cells with microscopic hairlike cilia. Breathing in a lot of pollutants over many years can overwhelm the lungs' defenses. New cilial cells may be abnormal and eventually become cancerous.

Lung cancer develops very slowly. "We think it takes ten to fifteen years from the time the first cancerous cell starts growing abnormally until it reaches a point where it can be detected," says Deborah Shure, M.D., former president of the American College of Chest Physicians. In the meantime, the disease may have spread to other parts of the body.

Donna had expected to be sent home with just an antibiotic. Instead, she learned she had lung cancer



Weighing the risks

Cigarettes, of course, are the chief culprit. Tobacco smoke contains at least forty-three known carcinogens, from tar to formaldehyde. And women may be especially vulnerable to them.

Some evidence places the blame on estrogen. Sex hormones have been shown to slow the liver's ability to break down toxins, including tobacco carcinogens, says Edith A. Zang, Ph.D, a biostatistician who has studied women's risk. And smokers who also take hormone replacement therapy appear to have a higher risk than other smokers. Estrogen also might explain the link between a high-fat diet and increased lung-cancer risk, since heavier women produce more estrogen. "All this is only hypothesis," emphasizes Zang.

Still, approximately 20 percent of women get lung cancer from caus other than cigarettes. And anoth 1,500 per year get lung cancer b cause they're exposed to other pe ple's tobacco smoke. According to 1997 study by the American Canc Society and Emory University, Atlanta, women who don't smo but whose husbands do have 20 percent higher death rate fro lung cancer than those who a married to nonsmokers.

The second leading cause of lu cancer is radon, a radioactive g that occurs naturally in soil. Ou doors, this colorless and odorless g is harmless. But rad seeps into enclosed are such as basements, a can accumulate to dang ous levels. Evidence on t risk of exposure in hom is inconsistent, but stud of miners exposed radon show they ha much higher than expe ed rates of lung cancer.

The National Canc Institute estimates th radon is a factor in a proximately 17,000 lur cancer deaths annual Though some experts d pute *(continued on page 1*

PREVENTING LUNG CANCER

It's incredibly important for adults to stop smoking and for parents to get their children not to start," emphasizes Deborah Shure, M.D. Quitting before age fifty reduces your risk of dying from lung cancer by half for the next fifteen years, according to the American Lung Association. After fifteen years the risk is the same as that for nonsmokers.

Avoiding secondhand smoke is also important.

If you must smoke, eat a carrot a day, says Graham A. Colditz, M.D., of the Harvard Medical School. A number of studies have found that people who consume a diet low in fat and high in fruits and vegetables—especially carrots—have lower rates of lung cancer.

Reduce your radon risk. Any living space below the third floor could have a radon problem. Inexpensive testing kits ($10 to $30) are sold in hardware stores; look for tests approved by the Environmental Protection Agency (EPA). Correcting a problem may be as simple as sealing cracks in basement walls or installing fans.

Avoiding environmental carcinogens is not so easy, but if you're exposed to chemicals or radiation at work, follow all safety rules to minimize the risk. —S.W.

HEALTH

)w to help antibiotics help you.

you ever asked your doctor for antibiotics to cold or the flu? Do you sometimes stop taking your prescription once you start to feel better? Or have saved "leftovers" for next time? If so, read on.

their discovery more than 50 years ago, antibiotics en a key factor in fighting bacterial infections and us healthy. If you've ever been diagnosed with such conditions as pharyngitis, chronic bronchitis, or a middle ear infection, chances are you've taken them. Yet antibiotics remain one of the most misunderstood and misused medications.

The truth is, antibiotics should be taken only when necessary and are effective only when used properly. While only your doctor can determine when you need them, there is much you can do to help. Start by reading these facts, and tips on proper usage.

is an antibiotic?

otics are medications that either kill bacteria or stop them from growing. They are nmonly prescribed for bacterial infections, often involving the lungs, throat, or ar. Different antibiotics may be used for different types of infections. Only your n determine what infection you have and which antibiotic is appropriate to treat it.

is it appropriate to take an antibiotic?

otics only work against bacterial infections. So if you have a viral infection, the common cold or flu, do not expect or insist that your doctor prescribe antibiotic. Only your doctor can determine the type of infection you have and an antibiotic is necessary.

are some antibiotics prescribed differently than others?

ntibiotic has a different chemical structure and this affects the way it works dy. The specific antibiotic and the type of infection it's being used to treat, ne the number of days and the number of doses per day the antibiotic needs ken. Some antibiotics can be taken for 5 days while others are taken for 10 to It is important to take the specified number of doses each day for the number prescribed by your doctor. Let your doctor know if you're taking other ions, which could interfere with how your antibiotic works.

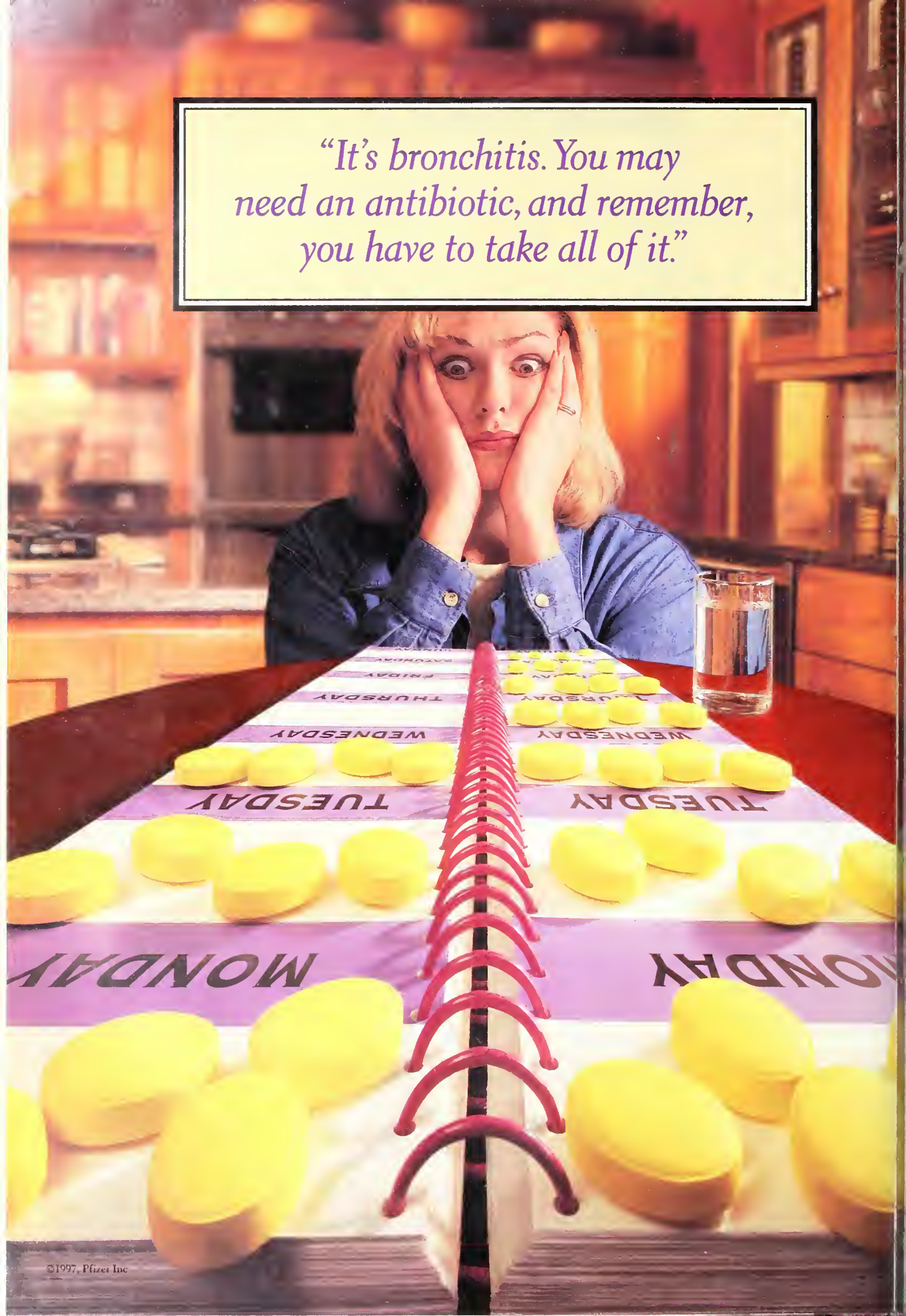
lo I have to keep taking antibiotics after I start to feel better?

tural to begin feeling better when you first start your prescription, because the cs have begun their job of knocking out harmful bacteria. But just because your ns are gone does not mean that your antibiotics have finished their work. If you ibiotics before the full course is finished, the infection may not be completely Be sure to take the recommended amount of medication and follow your doctor's ons carefully.

Remember these tips.

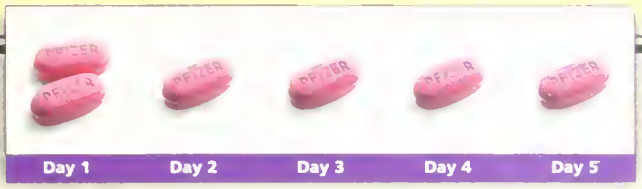
- It's up to your doctor to decide whether you need an antibiotic, and if so, which one.
- Don't insist on a prescription for an antibiotic if you have a viral infection, such as a cold or the flu.
- Don't stop taking antibiotics before you complete your prescription, even if your symptoms are gone.
- Follow your doctor's instructions carefully. Take doses on schedule for the number of days indicated.
- Let your doctor know if you're taking other medications.
- Never share your medication with anyone. If you have any left over, throw it away.
- As with all medications, keep your antibiotics out of children's reach.

Pfizer


"It's bronchitis. You may need an antibiotic, and remember, you have to take all of it."
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Zithromax is well tolerated. The most common effects are diarrhea (5%), nausea (3%), and ominal pain (3%). Although allergic reactions rare, should one occur, discontinue this medication and contact your healthcare professional. See the brief summary on the next page for complete details.

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BRIEF SUMMARY

CONTRAINDICATIONS ZITHROMAX is contraindicated in patients with known hypersensitivity to azithromycin, erythromycin or any macrolide antibiotic

WARNINGS Serious allergic reactions, including angioedema, anaphylaxis, and dermatologic reactions including Stevens Johnson Syndrome and toxic epidermal necrolysis have been reported rarely in patients on azithromycin therapy. Although allergic reactions have been reported (See **CONTRAINDICATIONS**.) Despite initially symptomatic treatment of the allergic symptoms when symptomatic therapy was discontinued the allergic symptoms **recurred soon thereafter in some patients without further azithromycin exposure.** These patients required prolonged periods of observation and symptomatic treatment. The relationship of these episodes to the long tissue half-life of azithromycin and subsequent prolonged exposure to antigen is unknown at present. If an allergic reaction occurs, the drug should be discontinued and appropriate therapy should be instituted. Physicians should be aware that reappearance of the allergic symptoms may occur when symptomatic therapy is discontinued.

In the treatment of pneumonia, azithromycin has only been shown to be safe and effective in the treatment of community-acquired pneumonia due to *Chlomydio pneumonioe, Hoemophilus influenzoe, Mycoplosmo pneumoniae,* or *Streptococcus pneumoniae* in patients appropriate for oral therapy. Azithromycin should not be used in patients with pneumonia who are judged to be inappropriate for oral therapy because of moderate to severe illness or risk factors such as any of the following: patients with cystic fibrosis, patients with nosocomially acquired infections, patients with known or suspected bacteremia, patients requiring hospitalization, elderly or debilitated patients, or patients with significant underlying health problems that may compromise their ability to respond to their illness (including immunodeficiency or functional asplenia). Pseudomembranous colitis has been reported with nearly all antibacterial agents and may range in severity from mild to life-threatening. Therefore, it is important to consider this diagnosis in patients who present with diarrhea subsequent to the administration of antibacterial agents. Treatment with antibacterial agents alters the normal flora of the colon and may permit overgrowth of clostridia. Studies indicate that a toxin produced by *Clostridium difficile* is a primary cause of "antibiotic-associated colitis." After the diagnosis of pseudomembranous colitis has been established, therapeutic measures should be initiated. Mild cases of pseudomembranous colitis usually respond to discontinuation of the drug alone. In moderate to severe cases, consideration should be given to management with fluids and electrolytes, protein supplementation, and treatment with an antibacterial drug clinically effective against *Clostridium difficile* colitis.

PRECAUTIONS General: Because azithromycin is principally eliminated via the liver, caution should be exercised when azithromycin is administered to patients with impaired hepatic function. There are no data regarding azithromycin usage in patients with renal impairment; thus, caution should be exercised when prescribing azithromycin in these patients. The following adverse events have not been reported in clinical trials with azithromycin an azalide; however, they have been reported with macrolide products: ventricular arrhythmias, including ventricular tachycardia and *torsades de pointes*, in individuals with prolonged QT intervals. There has been a spontaneous report from the post-marketing experience of a patient with previous history of arrhythmias who experienced *torsades de pointes* and subsequent cardiac arrest following a course of azithromycin therapy.

Information for Patients: ZITHROMAX tablets can be taken with or without food. Patient should also be cautioned not to take aluminum- and magnesium-containing antacids and azithromycin simultaneously. The patient should be directed to discontinue azithromycin immediately and contact a physician if any signs of an allergic reaction occur.

Drug Interactions: Aluminum- and magnesium-containing antacids reduce the peak serum levels (rate) but not the AUC (extent) of azithromycin absorption. Administration of a single dose (800 mg) two hours prior to azithromycin had no effect on azithromycin absorption. Azithromycin did not affect the plasma levels or pharmacokinetics of theophylline administered as a single intravenous dose. The effect of azithromycin on the plasma levels or pharmacokinetics of theophylline administered in multiple doses resulting in therapeutic steady-state levels of theophylline is not known. However, concurrent use of macrolides and theophylline has been associated with increases in the serum concentrations of theophylline. Therefore, until further data are available, prudent medical practice dictates careful monitoring of plasma theophylline levels in patients receiving azithromycin and theophylline concomitantly. Azithromycin did not affect the prothrombin time response to a single dose of warfarin. However, prudent medical practice dictates careful monitoring of prothrombin time in all patients treated with azithromycin and warfarin concomitantly. Concurrent use of macrolides and warfarin in clinical practice has been associated with increased anticoagulant effects. The following drug interactions have not been reported in clinical trials with azithromycin, however, no specific drug interaction studies have been performed to evaluate potential drug-drug interactions. Nonetheless, they have been observed with macrolide products. Until further data are developed regarding drug interactions when azithromycin and these drugs are used concomitantly, careful monitoring of patients is advised. Digoxin: elevated digoxin levels. Ergotamine or dihydroergotamine: acute ergot toxicity characterized by severe peripheral vasospasm and dysesthesia. Triazolam: decrease the clearance of triazolam and thus may increase the pharmacologic effect of triazolam. Drugs metabolized by the cytochrome P-450 system: elevations of serum carbamazepine, terfenadine, cyclosporine, hexobarbital, and phenytoin levels.

Laboratory Test Interactions: There are no reported laboratory test interactions.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Long-term studies in animals have not been performed to evaluate carcinogenic potential. Azithromycin has shown no mutagenic potential in standard laboratory tests: mouse lymphoma assay, human lymphocyte clastogenic assay, and mouse bone marrow clastogenic assay. No evidence of impaired fertility due to azithromycin was found.

Pregnancy: Teratogenic Effects. Pregnancy Category B. Reproduction studies have been performed in rats and mice at doses up to moderately maternally toxic dose levels (i.e., 200 mg/kg/day). These doses, based on a mg/m² basis, are estimated to be 4 and 2 times, respectively, the human daily dose of 500 mg. In the animal studies, no evidence of harm to the fetus due to azithromycin was found. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, azithromycin should be used during pregnancy only if clearly needed.

Nursing Mothers: It is not known whether azithromycin is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when azithromycin is administered to a nursing woman.

Pediatric Use: (INDICATIONS AND USAGE) Acute Otitis Media (dosage regimen: 30 mg/kg on Day 1 followed by 5 mg/kg on Days 2–5). Safety and effectiveness in the treatment of children with otitis media under 6 months of age have not been established. Community-Acquired Pneumonia (dosage regimen: 10 mg/kg on Day 1 followed by 5 mg/kg on Days 2–5). Safety and effectiveness in the treatment of children with community-acquired pneumonia under 6 months of age have not been established. Safety and effectiveness for pneumonia due to *Chlomydio pneumoniae* and *Mycoplasmo pneumoniae* were documented in pediatric clinical trials. Safety and effectiveness for pneumonia due to *Haemophilus influenzae* and *Streptococcus pneumoniae* were not documented bacteriologically in the pediatric clinical trial due to difficulty in obtaining specimens. Use of azithromycin for these two microorganisms is supported, however, by evidence from adequate and well controlled studies in adults. Pharyngitis/Tonsilitis (dosage regimen: 12 mg/kg on Days 1–5). Safety and effectiveness in the treatment of children with pharyngitis/tonsilitis under 2 years of age have not been established. **Studies evaluating the use of repeated courses of therapy have not been conducted. Geriatric Use:** Pharmacokinetic parameters in older volunteers (65–85 years old) were similar to those in younger volunteers (18–40 years old) for the 5-day therapeutic regimen. Dosage adjustment does not appear to be necessary for older patients with normal renal and hepatic function receiving treatment with this dosage regimen.

ADVERSE REACTIONS In clinical trials, most of the reported side effects were mild to moderate in severity and were reversible upon discontinuation of the drug. Approximately 0.7% of the patients (adults and children) from the multiple-dose clinical trials discontinued ZITHROMAX (azithromycin) therapy because of treatment-related side effects. Most of the side effects leading to discontinuation were related to the gastrointestinal tract, e.g., nausea, vomiting, diarrhea, or abdominal pain. Potentially serious side effects of angioedema and cholestatic jaundice were reported rarely. **Clinical: Adults:** *Multiple-dose regimen:* Overall, the most common side effects in adult patients receiving a multiple-dose regimen of ZITHROMAX were related to the gastrointestinal system with diarrhea/loose stools (5%), nausea (3%), and abdominal pain (3%) being the most frequently reported. No other side effects occurred in patients on the multiple-dose regimen of ZITHROMAX with a frequency greater than 1%. Side effects that occurred with a frequency of 1% or less included the following: **Cardiovascular:** Palpitations, chest pain. **Gastrointestinal:** Dyspepsia, flatulence, vomiting, melena, and cholestatic jaundice. **Genitourinary:** Monilia, vaginitis, and nephritis. **Nervous System:** Dizziness, headache, vertigo, and somnolence. **General:** Fatigue. **Allergic:** Rash, photosensitivity, and angioedema. *Single 1-gram dose regimen:* Overall, the most common side effects in patients receiving a single-dose regimen of 1 gram of ZITHROMAX were related to the gastrointestinal system and were more frequently reported than in patients receiving the multiple-dose regimen. Side effects that occurred in patients on the single one-gram dosing regimen of ZITHROMAX with a frequency of 1% or greater included diarrhea/loose stools (7%), nausea (5%), abdominal pain (5%), vomiting (2%), dyspepsia (1%), and vaginitis (1%). *Single 2-gram dose regimen* Overall, the most common side effects in patients receiving a single 2-gram dose of ZITHROMAX were related to the gastrointestinal system. Side effects that occurred in patients in this study with a frequency of 1% or greater included nausea (18%), diarrhea/loose stools (14%), vomiting (7%), abdominal pain (7%), vaginitis (2%), dyspepsia (1%), and dizziness (1%). The majority of these complaints were mild in nature.

Children: *Multiple-dose regimens* The types of side effects in children were comparable to those seen in adults, with different incidence rates for the two dosage regimens recommended in children. Acute Otitis Media: For the recommended dosage regimen of 10mg/kg on Day 1 followed by 5 mg/kg on Days 2–5, the most frequent side effects attributed to treatment were diarrhea/loose stools (2%), abdominal pain (2%), vomiting (1%), and nausea (1%). Community Acquired Pneumonia: For the recommended dosage regimen of 10 mg/kg on Day 1 followed by 5 mg/kg on Days 2–5, the most frequent side effects attributed to treatment were diarrhea/loose stools (5.8%), abdominal pain, vomiting, and nausea (1.9% each), and rash (1.6%). Pharyngitis/tonsilitis: For the recommended dosage regimen of 12 mg/kg on Days 1–5, the most frequent side effects attributed to treatment were diarrhea/loose stools (6%), vomiting (5%), abdominal pain (3%), nausea (2%), and headache (1%). With either treatment regimen, no other side effects occurred in children treated with ZITHROMAX with a frequency of greater than 1%. Side effects that occurred with a frequency of 1% or less included the following:
Cardiovascular: Chest pain. **Gastrointestinal:** Dyspepsia, constipation, anorexia, flatulence, and gastritis. **Nervous System:** Headache (otitis media dosage), hyperkinesia, dizziness, agitation, nervousness, insomnia. **General:** Fever, fatigue, malaise. **Allergic:** Rash. **Skin and Appendages:** Pruritus, urticaria. **Special Senses:** Conjunctivitis.

Post-Marketing Experience: Adverse events reported with azithromycin during the post-marketing period in adult and/or pediatric patients for which a causal relationship may not be established include: **Allergic:** Arthralgia, edema, urticaria. **Cardiovascular:** Arrhythmias including ventricular tachycardia. **Gastrointestinal:** Anorexia, constipation, dyspepsia, flatulence, vomiting/diarrhea rarely resulting in dehydration. **General:** Asthenia, paresthesia. **Genitourinary:** Interstitial nephritis and acute renal failure. **Liver/Biliary:** Abnormal liver function including hepatitis and cholestatic jaundice. **Nervous System:** Convulsions. **Skin/Appendages:** Rarely serious skin reactions including erythema multiforme, Stevens Johnson Syndrome, and toxic epidermal necrolysis. **Special Senses:** Hearing disturbances including hearing loss, deafness, and/or tinnitus; rare reports of taste disturbances.

Laboratory Abnormalities: Adults: Significant abnormalities (irrespective of drug relationship) occurring during the clinical trials were reported as follows: with an incidence of 1–2%, elevated serum creatine phosphokinase, potassium, ALT (SGPT), GGT, and AST (SGOT), with an incidence of less than 1%, leukopenia, neutropenia, decreased platelet count, elevated serum alkaline phosphatase, bilirubin, BUN, creatinine, blood glucose, LDH, and phosphate. When follow-up was provided, changes in laboratory tests appeared to be reversible. In multiple-dose clinical trials involving more than 3000 patients, 3 patients discontinued therapy because of treatment-related liver enzyme abnormalities and 1 because of a renal function abnormality. **Children:** Significant abnormalities (irrespective of drug relationship) occurring during clinical trials were all reported at a frequency of less than 1% but were similar in type to the adult pattern.

DOSAGE AND ADMINISTRATION: Adults: The recommended dose of ZITHROMAX for the treatment of mild to moderate acute bacterial exacerbations of chronic obstructive pulmonary disease, community-acquired pneumonia of mild severity, pharyngitis/tonsilitis (as second-line therapy), and uncomplicated skin and skin structure infections due to the indicated organisms is: 500 mg as a single dose on the first day followed by 250 mg once daily on days 2 through 5. **ZITHROMAX tablets can be taken with or without food.** The recommended dose of ZITHROMAX for the treatment of genital ulcer disease due to *Haemophilus ducreyi* (chancroid), non-gonococcal urethritis and cervicitis due to *C. trachomatis* is a single 1 gram (1000 mg) dose of ZITHROMAX. The recommended dose of ZITHROMAX for the treatment of urethritis and cervicitis due to *Neisseria gonorrhoeae* is a single 2 gram (2000 mg) dose of ZITHROMAX.

More detailed professional information available on request. Revised January 1997

Pfizer U.S. Pharmaceuticals

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THE SILENT KILLER

Continued from page 108

that figure, most agree that cor
action is needed when a home
for radon levels registers mor
4 picocuries per liter. The En
mental Protection Agency est
that one in fifteen homes excee
limit. Radon tests are inexp
and simple. (See "Preventing
Cancer," page 108.)

Ironically, another risk facto
diation treatment. In a 1993 st
more than 56,000 breast-canc
tients, researchers found that
who received radiation were
three times more likely to d
lung cancer ten years later. Ho
this threat does not outwei
benefits of treatment, and th
doses of radiation in diag
X rays, such as mammogram
not been shown to be a concer

The odds of getting lung car
higher for workers who are re
exposed to radiation or carcin
including asbestos, nickel, chr
and vinyl chloride—especially
also smoke. A review by the N
al Institute for Occupational
and Health estimated that
1,900 American women d
lung cancer each year as a r
occupational exposure.

Another top lung-cancer
family history. The nonsmoki
tives of lung-cancer patien
two to three times the usual
developing the disease ther
"They may inherit a defect
enzyme system that protects t
from carcinogens," explains
"And it could be that they
posed to secondhand smoke."

Then there are the cases th
explanation. Donna Purple w
er exposed to significant s
hand smoke at home or on
(before her illness, she taught
grade English). There's no
of the disease in her family.
and Jon tested their home a
their previous house for rad
the levels were safely below
"It's so frustrating," she s
have no idea what I cou
done differently."

ing for signs

ancer is caught early, when ocalized, a cure is possible. earliest symptoms are easily ı persistent cough could be a ortness of breath, as in Don-, is often chalked up to a xercise. Women—particularly and former smokers—should to symptoms that last for n a week. If a chronic cough or doesn't seem to be caused piratory infection, or if you blood, see a doctor.

fic symptoms depend on the of the disease," explains ı tumor in an airway can ughing or difficulty breath- growth is pressing against chest pain could be the first ı. Or a flulike malaise can d by the chemicals a cancer- th secretes. "If the cancer hed the brain, symptoms confusion or forgetfulness," ds. Even something as sub- explained fatigue and weight d be a sign.

se chest X rays can find ıcer at an early stage, the Cancer Institute has begun ious study that will follow men and women for more cade. Previous investigations hown that yearly screening s, but the new research may alue. "Many of the studies e in the seventies or earlier; 't include women—who may likely than men to get a lung cancer detectable by nd they don't take account s improved treatments," says Strauss, M.D., an oncologist d Medical School.

X rays are generally the of diagnosis, as in Donna's ner noninvasive procedures, sputum cytology (micro- alysis of coughed-up mate- p to confirm the diagnosis. ne the more intrusive tests— copy (insertion of a flexible tube into the lungs through), CAT scan, MRI, needle r surgery are used to exam- spicious area. If cancer is found, doctors check the chest, bones, liver and brain to determine if the disease has spread.

What doctors can do

Two decades ago, the one-year survival rate for lung cancer patients was 32 percent, according to the American Cancer Society. Today, the number has inched up to 41 percent. So Donna has already lived longer than the average lung-cancer patient—especially given her condition at diagnosis: When Donna's cancer was found, it had already invaded the lining of her chest.

Surgery to remove the tumor, along with all or part of the affected lung, offers the best odds of cure. However, Donna's disease *(continued)*

HOPE FOR THE FUTURE

New treatments could significantly change the prognosis for lung-cancer patients. "Some studies look at alternating different drugs or using them at different doses or timing," explains James R. Jett, M.D., of the oncology department at the Mayo Clinic, in Rochester, Minnesota. Such adjustments don't sound dramatic, but for one form of lung cancer, they've increased the chances of living for two years from 20 percent to nearly 40 percent. On the horizon, but still unproven: Pennsylvania State University researchers are experimenting with diallyl trisulfide (DATS), a compound found in garlic, which killed cancer cells in a laboratory dish, but hasn't been tested in cancer patients. Other studies focus on light therapy, monoclonal antibodies (proteins that seek and destroy cancer cells) and cryosurgery (freezing the tumors to kill them).

At the Memorial Sloan-Kettering Cancer Center, in New York City, researchers stimulated the immune systems of six patients with a lung-cancer vaccine. Three years after treatment, four of them are still alive. Though this preliminary project is now closed to new patients, investigators hope to begin a larger study of the vaccine. —S.W.

He loved them all, but only one would be chosen...



Announcing the winner of

The Recipe For Romance Dessert Contest

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Congratulations to Sandra Bloise of Seffner, Florida, whose recipe won her $10,000 and a trip to New York City, where we enjoyed a special rendezvous. I love storybook endings."

Fabio



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had spread too far to remove the tumors. Surgical treatment was out of the question.

Generally, patients who can't have surgery are treated with radiation or chemotherapy. Some patients get combination treatments, receiving chemotherapy or radiation to shrink the cancerous area before surgery. But the treatments can help patients live only a few months longer, and they don't always live better because of nausea and other side effects. Donna's oncologist suggested that she and her family consider whether treatment was worth it.

Donna's daughter was in fifth grade at the time and her class happened to be studying lung cancer. Donna recalls, "All her friends were coming up to her and asking, 'Jessica, is your mom going to die?' "

"The terrible odds just made me more determined," Donna says. Two weeks later, she started chemotherapy. When the nurse hooked her up to the IV, reality hit hard. "I cried the whole time," says Donna. Another low point came a week later, when her hair started to fall out. "But I decided that if the chemo was killing my hair cells, it must be killing the cancer, too," she says.

After six months, Donna's CAT scan showed a remarkable change: The larger tumors had shrunk; the smaller ones had disappeared. Her cancer was in partial remission. Her doctor explained: "Your tumors are sleeping, but they're still there." Donna's cancer remained in partial remission for more than a year. Then, in April 1996, the dry cough returned. "I had an X ray that day, then a CAT scan," she says. "I wasn't surprised when I got the results: The cancer was back."

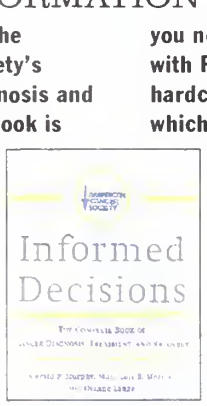
Chemotherapy—six months of treatment with a new, stronger drug—was even more grueling the second time around. "I couldn't do anything but lie down because of all the nausea," Donna says. "I'd become disoriented; I'd lose my memory. There was a terrible metallic taste in my mouth, so bad that it woke me up during the night."

Prayer, Donna says, sustains her, along with support from her family and many friends (she's received more than seven hundred cards). "When I have chemo, my church brings in meals for my family and our pastor gives updates on my condition from the pulpit."

Last fall, Donna's cancer was once again in partial remission, but she gently corrected well-meaning friends who told her that in five years she'd be considered cancer-free: "I've never been able to start counting, because the tumors are still there. In a day, my life could change again." Unfortunately, the day came early this spring, and Donna is now undergoing her third course of chemo. Nevertheless she remains upbeat. "I tell my daughter, 'Yes, I could die.' But we also remind her that her paternal grandmother and many other people she knows have had other kinds of cancer, and they're all alive today." ●

FOR MORE INFORMATION

Informed Decisions is the American Cancer Society's guidebook on the diagnosis and treatment of cancer. This book is designed to help you organize and evaluate the enormous amounts of data involved in making the right choices when confronted with cancer; it will also help you ask specific questions so you can get the information you need. Available by arrangement with Penguin USA, this 704-page hardcover book sells for $46.95, which includes shipping, handling and applicable sales tax.



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RIMADYL
(carprofen)
Caplets

Non-steroidal anti-inflammatory drug
For oral use in dogs only

CAUTION: Federal law restricts this drug to use by or on the order of a licensed veterinarian.

DESCRIPTION: Rimadyl (carprofen) is a non-steroidal anti-inflammatory drug (NSAID) of the propionic acid class that includes ibuprofen, naprox and ketoprofen.

INDICATIONS: Rimadyl is indicated for the relief of p inflammation in dogs. Rimadyl was shown to be cli effective for the relief of signs associated with oste in dogs.

DOSAGE AND ADMINISTRATION:
The recommended dosage for oral administration to 1 mg/lb of body weight twice daily. Caplets are scor dosage should be calculated in half-caplet increm

CONTRAINDICATIONS: There are no known contraindications to this drug when used as directed. Rimadyl should not be used in dogs exhibiting previous hypersensitivity to carprofen.

PRECAUTIONS: The safe use of Rimadyl in pregnant dogs, dogs used for breeding purposes, or in lactating bitches has not been established. Studies to determine the activity of Rimadyl when administered concomitantly with other protein-bound drugs have not been conducted. Drug compatibility should be monitored closely in patients requiring additional therapy.

As a class, cyclo-oxygenase inhibitory NSAIDs may be associated with gastrointestinal and renal toxicity. Sensitivity to associated adverse effects varies with the indivi patient. Patients at greatest risk for renal toxicity on concomitant diuretic therapy, or those with ren vascular, and/or hepatic dysfunction. Since many possess the potential to induce gastrointestinal u concomitant use of Rimadyl with other anti-infla drugs, such as corticosteroids and NSAIDs, shou avoided or very closely monitored.

Rimadyl treatment was not associated with renal or gastrointestinal ulceration in safety studies of u times the dose in dogs.

Rimadyl is not recommended for use in dogs with b disorders (e.g., Von Willebrand's disease), as safety been established in dogs with these disorders.

WARNINGS: Keep out of reach of children. N for human use. Consult a physician in cases accidental ingestion by humans. **For use in d only.** Do not use in cats.

The material safety data sheet (MSDS) contains mo occupational safety information. To report adverse in users or to obtain a copy of the MSDS for this pr 1-800-366-5288.

ADVERSE REACTIONS: During investigational stud clinically significant adverse reactions were repor clinical signs were observed during field studies w similar for carprofen- and placebo-treated (contr Incidences of the following were observed in both vomiting (4%), diarrhea (4%), changes in appeti lethargy (1.4%), behavioral changes (1%), and con (0.3%). The product vehicle served as the control.

STORAGE: Store at controlled room temperature 15 (59°–86°F).

HOW SUPPLIED: Rimadyl caplets are scored, an 25 mg, 75 mg, or 100 mg of carprofen per caplet. Ea size is packaged in bottles containing 100 or 250

TAKE TIME OBSERVE LABEL DIRECTIONS

Pfizer

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itis pain can really slow your dog down. That's why it's important to recognize the early signs that your may be suffering from arthritis, including stiffness and difficulty rising, walking or climbing stairs. As tis pain becomes more severe, your dog may whimper, limp or resist your touch. If you notice any of signs, see your veterinarian. And when you discuss treatment, bout Rimadyl® (carprofen) caplets, a breakthrough pain reliever. ld be just the thing to get your dog back into action. For more nation, call 1-800-720-DOGS or visit www.pfizer.com/ah.



ef summary on adjacent page for important information.

Animal Health



Foul-Play Funds

Q: My broker recently bragged about a trip he won from a mutual-fund company for being their highest seller, and now I'm beginning to question his advice. How can I tell that he's out for my interests, not a prize?

A: The National Association of Securities Dealers requires that a broker must determine the investment suitable for your specific goals and comfort level with risk when you hire him. If you later question his suggestions or motives, don't be afraid to ask him to explain his strategies and defend his advice. If his answers are not satisfactory, says Chris Wloszczyna, director of public information for the Investment Company Institute, maybe it's time to look for a new broker. Meanwhile, start boning up on your own investing skills.

—Heather Camlot

Badge Scam Alert

When a telemarketer cal behalf of your local po or fire department ask for a donation, it's sm pose a few questions before you d for your checkbook. According to Federal Trade Commission (FTC), police and fire organization solicitations—which rake in million dollars each year—are two of the m prevalent charity frauds.

You can sniff out these phony pl from the get-go, says Jodie Bernste director of the Bureau of Consume Protection at the FTC. "If the perso tells you he or she is a police office probably a scam," she says. "In m jurisdictions, officers aren't allowe solicit donations themselves." It's unlikely that a legitimate fund-rais would hint at doing favors—forgivi speeding tickets, say—in exchang contributions. To be absolutely sur before you send money: • Request literature about the organization th includes its name, address and ph number. • Question your local poli and fire departments about the organization claiming to fund-raise their behalf. • Double-check the group's name—many of them use monikers that purposely sound sim to names of reputable organization

—Aimee K

USED-CAR BUYING SECRETS

Buying a used car almost requires hiring a psychic. How else to know if you're getting a good deal or someone else's headache? If the odometer has been rolled back, or if an accident in the past necessitated major repairs? Now, using the car's vehicle identification number and these resources, you can find out without employing a soothsayer.

DEPARTMENT OF MOTOR VEHICLES For a small fee, this state office can tell you if the car has ever been branded "salvaged," meaning it was once totaled and repossessed.

CARFAX This company uncovers hidden problems like odometer rollback and flood damage and can identify vehicles that have previously been junked or salvaged. It has access to millions of records compiled from insurance companies, wholesale auto auctions and state departments of motor vehicles. Reports can be purchased by phone for $20 (800-346-3846) or via the Internet for $12.50 (www.carfaxreport.com).

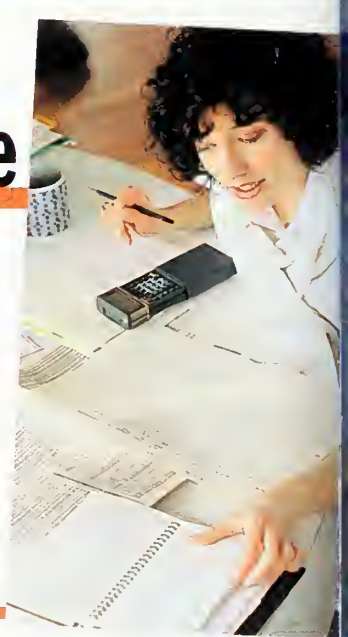
VINGUARD For $19.95, this extensive database (25,000 claims collected daily from insurance records since 1981) can tell you if the auto was salvaged or in an accident that was reported to an insurance company (800-322-4669).

—Deborah J. Baer

Pay on time AND pay the price

If you think paying high interest rates are the worst credit-card mistakes, wait until you hear this: Many credit-card issuers have recently come up with ways to profit from consumers who always pay their bills in full and on time. One year ago, GE Rewards MasterCard imposed a $25 annual fee on cardholders who generated less than that amount in annual interest charges. Other companies operating rewards programs are following suit, warns Ruth Susswein, executive director of Bankcard Holders of America in Arlington, Virginia. Some card issuers have also cut their grace periods from ten to fifteen days to five or fewer, and more than a third of the top thirty issuers now impose late fees one to three days after the due date, says Susswein. The penalties, too, have risen—to as much as $20—and if you pay late two or more times in a row, you may also be penalized with an increased interest rate.

—Anna Roufos



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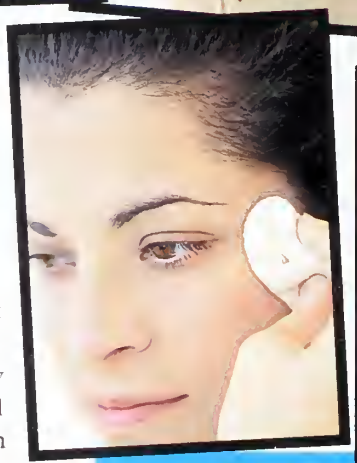
Aren't I Too Old For Acne?

Sorry, the answer is no. But now there are real ways to get the problem under control

By Elizabeth Austin



Rebecca Gonzalez, 29, has a sallow olive skin tone and suffers from scattered acne breakouts





When you were in high school, a pimple sprouting on your nose or forehead felt like a national catastrophe—and your mother's assurance that you'd grow out of it wasn't much comfort.

Well, here it is, some twenty years later, and you're still waiting to outgrow your skin problems. You're not the only one. Dermatologists are seeing a small epidemic of pimples in women in their thirties and forties. Yet no one is quite sure why.

Theories abound, of course. Albert M. Kligman, M.D., Ph.D., professor of dermatology at the University of Pennsylvania School of Medicine, in Philadelphia, suggests that the increase in women's acne is due to workplace stress, which may spark increased production of androgens, hormones naturally produced by both sexes that control male sexual characteristics. (Acne is aggravated by hormonal fluctuations in the body, among other triggers.)

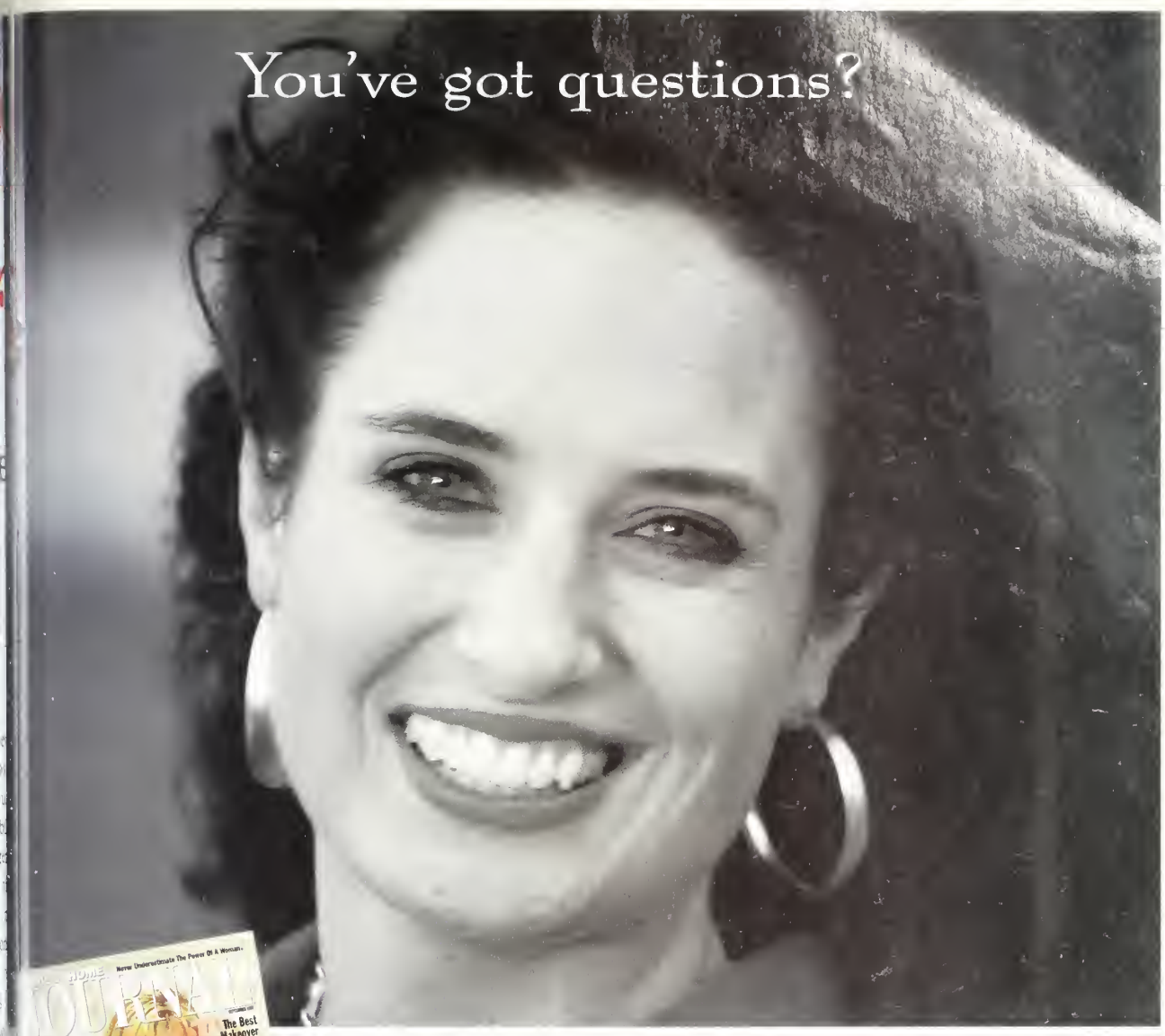
Some dermatologists speculate that the increase in adult acne may reflect the larger numbers of women wearing makeup ev day—and choosi the wrong produ Even cosmetics bil as non-comedoge which means th don't clog pores, n cause skin reaction some brands are t ed in patches patients' backs, not facial skin. If you perience a breako after using a parti lar cream, lotion cosmetic, try anot brand. "Look for that says *oil-fre* recommends Dia Berson, M.D., ass tant clinical profes of dermatology New York Univ sity Medical Cent "They're less lik to clog pores th regular products."

Researchers ha noted that ac seems to crop just before a wo an's period begi "The *(continu*

MAKEUP TO THE RESCUE

Makeup pro Laura Mercier has a reputation for making models' skin look flawless. A former acne sufferer herself, she has also developed natural-looking makeup solutions to hide pimples. We asked her to demonstrate her techniques on two acne sufferers. On Rebecca: FOUNDATION To cover broad blemished areas, use a makeup sponge to apply layers of oil-free, highly pigmented, not sheer foundation (beige is best for olive skin). Avoid using fingers! Start where acne is worst and work from there, being sure to blend around the jawline. CONCEALER To cancel out redness, use a thin brush to cover the top and sides of each blemish individually with a concealer that matches your foundation. This will help cancel out red tones. POWDER Apply using a velour puff, not a brush, so you can gently press the powder into your skin. For the smoothest look, use the finest, most transparent powder you can find. Retouch with compact powder only.

You've got questions?





Look who's got answers!

***Ladies' Home Journal* has conducted an unprecedented survey of American women.** Now, America's most innovative women's magazine and America's freshest morning program are teaming up to answer the questions you care about most. This fall, go where the answers are: special weekly segments on *This Morning* with the information you need for your family...your job...your home...your future. It's everything you asked for...and more.



This Morning's
Jane Robelot,
k McEwen and
ose Diaz-Balart

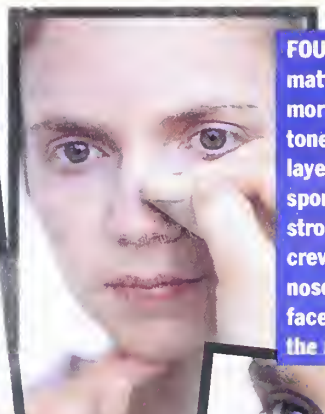
There's more to this MORNING
See what you think!

WEEKDAYS ON CBS

MAKEUP TO THE RESCUE

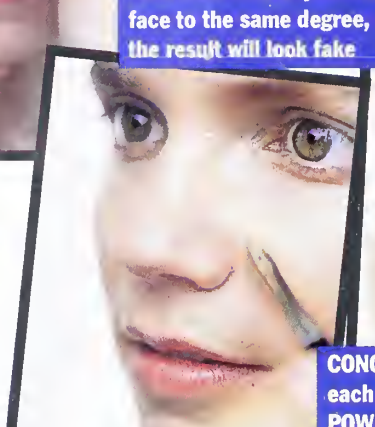


Kimberly Bitterman, 29, is troubled by rosacea on her nose and forehead

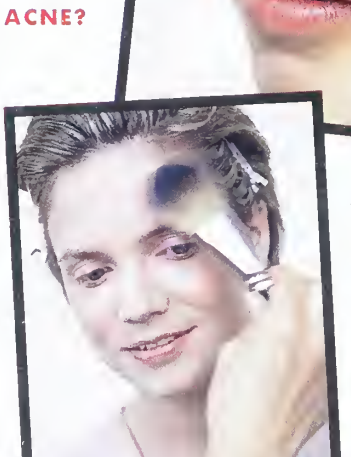


FOUNDATION Choose a matte formula base that's more beige than your skin tone, and apply several fine layers with a makeup sponge, using firm, small strokes. Fold sponge to fill crevices and underside of nose. Don't cover your entire face to the same degree, or the result will look fake





CONCEALER Using a flat, fine-tipped brush, cover each blemish but not the surrounding skin. **POWDER** Use a big, fluffy brush to deliver powder all over, then a smaller brush to dust problem areas or where pores are visible



AREN'T I TOO OLD FOR ACNE?

Continued

premenstrual connection is a very strong one," says Gary White, M.D., an assistant clinical professor at the University of California–San Diego School of Medicine, "but we're not sure why." One theory is that during this time some women produce high levels of androgens that may cause them to have more acne.

Acne or bumps resembling acne can also be sparked or aggravated by plucking or waxing facial hair. "If you pull hair out at the roots, sometimes the new hair loses its track to the surface and has to dig its way up," White says. "That often results in a big red bump. So if a woman is bothered by darker hairs, she should bleach them or get electrolysis." Similarly, squeezing pimples can damage the pores and cause further blemishes, as well as scarring.

If your job requires long hours on the phone, you may notice a crop of pimples wherever the receiver touches the skin. That's not because the phone is dirty, White says. "It's the agitation of the skin and the disruption of the hair follicle." Buy a phone headset, or try to hold the receiver away from your mouth.

One other tip: White says some hair-care products, particularly shampoo-conditioner blends, can clog pores. If you frequently have pimples around the hairline, try using a shampoo that's conditioner-free.

But Is It Really Acne?

Further complicating matters is the fact that not every red bump is acne. Fair-skinned women in their thirties and forties with red blemishes around the center of the face may actually have rosacea, a completely different skin disorder that is sometimes identified by prolonged episodes of facial flushing and the tendency to develop broken blood vessels, says White. No one knows what causes this either, although there probably isn't one single trigger.

Although rosacea can look like acne, some acne treatments will do it no good, doctors point out. Usually, rosacea outbreaks are treated with oral and topical antibiotics, with the topical antibiotics contin ued long-term to prevent recu rence. People with rosacea shoul also avoid any situations that trigg flare-ups, such as sun, hot or co weather, wind, hot or alcoholic be erages and spicy foods (all of whic cause the skin to flush, which i turn worsens the broken-blood vessel condition). There is also relatively new prescription dru metronidazole (known as MetroG or MetroCream), that can help co trol rosacea in some patients.

The Anti-Acne Arsenal

Fortunately, doctors don't nee to understand the causes of acne t treat it effectively. Over the past te years or so, a number of treatmen have been developed that coul help clear your skin.

The best home treatment for acn is to "use just a mild soap and non-comedogenic moisturizing l tion," says Kligman. Especially st away from "skin-sloughing" pads grainy skin scrubs. "Stop the a sault," he recommends.

If you're looking for an over-th counter remedy for mild acne, Be son suggests products containin **benzoyl peroxide**, which *(continue*



treating bed-wetting *can* make a difference in your child."

Bed-wetting is more common than many parents think. The fact is, 5 to 7 million children have the condition and many are being treated today.

If you're concerned about your child's bed-wetting, talk to your doctor or healthcare provider. Discuss whatever questions you may have.

And ask your doctor about DDAVP Nasal Spray, because the simple fact is, bed-wetting may be improved or controlled in children 6 years of age and older. Together, you and your doctor or healthcare provider can discuss DDAVP Nasal Spray.

Some side effects reported in patients using DDAVP include nasal stuffiness, runny nose, pain in the nostrils, and headaches. These side effects were reported by fewer than 9% of the patients. If your child experiences any side effects, be sure to call your doctor or healthcare provider. If there is nasal congestion, your child may not absorb the medication. To make sure that blood electrolyte levels remain normal, your doctor may want to check your child periodically.

DDAVP Nasal Spray is available by prescription only. Please see the following page for additional important information about DDAVP Nasal Spray.

Today you don't have to wait for your child to outgrow bed-wetting.

OUR DOCTOR OR HEALTHCARE PROVIDER ABOUT

DDAVP® Nasal Spray
(desmopressin acetate) 5mL

DDAVP® Nasal Spray
(desmopressin acetate) 5mL

BRIEF SUMMARY

CONTRAINDICATION: Known hypersensitivity to DDAVP Nasal Spray

WARNINGS:

For intranasal use only

2. In very young and elderly patients in particular, fluid intake should be adjusted downward in order to decrease the potential occurrence of water intoxication and hyponatremia. Particular attention should be paid to the possibility of the rare occurrence of an extreme decrease in plasma osmolality that may result in seizures which could lead to coma.

PRECAUTIONS:

General: DDAVP Nasal Spray at high dosage has infrequently produced a slight elevation of blood pressure, which disappeared with a reduction in dosage. The drug should be used with caution in patients with coronary artery insufficiency and/or hypertensive cardiovascular disease because of possible rise in blood pressure.

DDAVP Nasal Spray should be used with caution in patients with conditions associated with fluid and electrolyte imbalance, such as cystic fibrosis, because these patients are prone to hyponatremia.

Rare severe allergic reactions have been reported with DDAVP. Anaphylaxis has been reported with intravenous administration of DDAVP Injection, but not with DDAVP intranasal.

Central Cranial Diabetes Insipidus: Since DDAVP Nasal Spray is used intranasally, changes in the nasal mucosa such as scarring, edema, or other disease may cause erratic, unreliable absorption in which case DDAVP Nasal Spray should not be used. For such situations, DDAVP Injection should be considered.

Primary Nocturnal Enuresis: If changes in the nasal mucosa have occurred, unreliable absorption may result. DDAVP Nasal Spray should be discontinued until the nasal problems resolve.

Information for Patients: Patients should be informed that the bottle accurately delivers 50 doses of 10 mcg each. Any solution remaining after 50 doses should be discarded since the amount delivered thereafter may be substantially less than 10 mcg of drug. No attempt should be made to transfer remaining solution to another bottle. Patients should be instructed to read accompanying directions on use of the spray pump carefully before use.

Laboratory Tests: Laboratory tests for following the patient with central cranial diabetes insipidus or post-surgical or head trauma-related polyuria and polydipsia include urine volume and osmolality. In some cases plasma osmolality may be required. For the healthy patient with primary nocturnal enuresis, serum electrolytes should be checked at least once if therapy is continued beyond 7 days.

Drug Interactions: Although the pressor activity of DDAVP Nasal Spray is very low compared to the antidiuretic activity, use of large doses of DDAVP Nasal Spray with other pressor agents should only be done with careful patient monitoring.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Teratology studies in rats have shown no abnormalities. No further information is available.

Pregnancy-Category B: Reproduction studies performed in rats and rabbits with doses up to 12.5 times the human intranasal dose (*i.e.*, about 125 times the total adult human dose given systemically) have revealed no evidence of harm to the fetus due to desmopressin acetate. There are several publications of management of diabetes insipidus in pregnant women with no harm to the fetus reported; however, no controlled studies in pregnant women have been carried out. Published reports stress that, as opposed to preparations containing the natural hormones, DDAVP Nasal Spray (desmopressin acetate) in antidiuretic doses has no uterotonic action, but the physician will have to weigh possible therapeutic advantages against possible dangers in each individual case.

Nursing Mothers: There have been no controlled studies in nursing mothers. A single study in a post-partum woman demonstrated a marked change in plasma, but little if any change in assayable DDAVP Nasal Spray in breast milk following an intranasal dose of 10 mcg.

Pediatric Use: Primary Nocturnal Enuresis: DDAVP Nasal Spray has been used in childhood nocturnal enuresis. Short-term (4-8 weeks) DDAVP Nasal Spray administration has been shown to be safe and modestly effective in children aged 6 years or older with severe childhood nocturnal enuresis. Adequately controlled studies with DDAVP Nasal Spray in primary nocturnal enuresis have not been conducted beyond 4-8 weeks. The dose should be individually adjusted to achieve the best results.

Central Cranial Diabetes Insipidus: DDAVP Nasal Spray has been used in children with diabetes insipidus. Use in infants and children will require careful fluid intake restriction to prevent possible hyponatremia and water intoxication. The dose must be individually adjusted to the patient with attention in the very young to the danger of an extreme decrease in plasma osmolality with resulting convulsions. Dose should start at 0.05 mL or less.

Since the spray cannot deliver less than 0.1 mL (10 mcg), smaller doses should be administered using the rhinal tube delivery system. Do not use the nasal spray in pediatric patients requiring less than 0.1 mL (10 mcg) per dose.

There are reports of an occasional change in response with time, usually greater than 6 months. Some patients may show a decreased responsiveness, others a shortened duration of effect. There is no evidence this effect is due to the development of binding antibodies but may be due to a local inactivation of the peptide.

ADVERSE REACTIONS: Infrequently, high dosages have produced transient headache and nausea. Nasal congestion, rhinitis and flushing have also been reported occasionally along with mild abdominal cramps. These symptoms disappeared with reduction in dosage. Nosebleed, sore throat, cough and upper respiratory infections have also been reported.

The following table lists the percent of patients having adverse experiences without regard to relationship to study drug from the pooled pivotal study data for nocturnal enuresis.

ADVERSE REACTION	PLACEBO (N=59) %	DDAVP 20 mcg (N=60) %	DDAVP 40 mcg (N=61) %
BODY AS A WHOLE			
Abdominal Pain	0	2	2
Asthenia	0	0	2
Chills	0	0	2
Headache	0	2	5
Throat Pain	2	0	0
NERVOUS SYSTEM			
Depression	2	0	0
Dizziness	0	0	3
RESPIRATORY SYSTEM			
Epistaxis	2	3	0
Nostril Pain	0	2	0
Respiratory Infection	2	0	0
Rhinitis	2	8	3
CARDIOVASCULAR SYSTEM			
Vasodilation	2	0	0
DIGESTIVE SYSTEM			
Gastrointestinal Disorder	0	2	0
Nausea	0	0	2
SKIN & APPENDAGES			
Leg Rash	2	0	0
Rash	2	0	0
SPECIAL SENSES			
Conjunctivitis	0	2	0
Edema Eyes	0	2	0
Lachrymation Disorder	0	0	2

OVERDOSAGE: See adverse reactions above. In case of overdosage, the dose should be reduced, frequency of administration decreased, or the drug withdrawn according to the severity of the condition. There is no known specific antidote for DDAVP Nasal Spray.

An oral LD_{50} has not been established. An intravenous dose of 2 mg/kg in mice demonstrated no effect.

CAUTION: Federal (U.S.A.) law prohibits dispensing without prescription.

Please see product circular for full prescribing information.

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AREN'T I TOO OLD FOR ACNE?

Continued

kills bacteria that cause red, inflamed pimples, and **cylic acid**, which combats blackheads and whitehe Creams containing **alpha- and beta-hydroxy a** may also be effective. "But they can cause a little ening and irritation at first," she says. "If that do subside, then these products aren't for you."

There are also a number of prescription-only ments available to be used alone or as part of a regi Always check with your doctor. Some lotions deli combination of drugs, such as **Benzamycin**, which t benzoyl peroxide with an antibiotic, and **Triaz**, w combines benzoyl peroxide with zinc and glycolic ac kill bacteria and open pores. Another product, **Az** kills bacteria and may help fade pigment spots that the sites of old pimples.

Klaron, a lotion containing sodium sulfacetamid often used for women because it's very mild. "It's u for acne sufferers with skin that cannot tolerate the tating and drying products teenagers can use," Be says. "It can be applied in the morning, and you put makeup over it." Harsher products that pro peeling and flaking are best used at night, she says.

If all else fails, oral antibiotics, such as **tetracyc** help to clear up the infection inside clogged pores. H ever, those drugs can cause nausea and birth defects shouldn't be taken by anyone who is pregnant. They also cause vaginal yeast infections.

Tretinoin, or **Retin-A**, a vitamin A derivative ap directly to the skin, has been used effectively against for years. It works by opening blocked pores, allowing skin to clear itself, but it can cause redness, irritation peeling. To minimize those problems, Retin-A is available in a new micro-encapsulated, time-release fo

Another new Retin-A–related drug, **adapalene** (kn by the brand name **Differin**), also reportedly causes irritation. In addition, because Differin is contained water-based gel, it rubs in more easily than the th Retin-A creams. However, like other tretinoin-rel drugs, it may cause increased sun sensitivity.

For very severe cases of inflammatory or cystic a doctors can prescribe **Accutane**, another vitami derivative treatment taken orally. Although it's ver fective, it can cause serious birth defects if taken du pregnancy, so women being treated with it should two highly reliable means of contraception, such as control pills plus a condom. It can also cause excess dry skin and lips, marked sun sensitivity and joint pa

Which treatment, if any, is best for you is somet you need to discuss with your doctor. And although matologists say that pimples can last past menopause chances of finding a solution to this bothersome prob have never been greater. ●

Elizabeth Austin's book "Perfect Ladies: Women, Power Etiquette" will be out next spring (Houghton Mifflin).



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#4 Acaciane Refreshing Cleanser
Lifts away impurities while maintaining skin's optimum moisture level.
6.7 fl. oz. bottle
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#6 A.D.N. Revitalizing Resource Vital Energizing Complex with Triple Fruit Acids
Gently exfoliates to improve skin's radiance and clarity.
1.35 fl. oz jar
reg. ~~$24.00~~
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#7 Riche Crème Wrinkle Smoothing Eye Cream
Delicately helps reduce the signs of wrinkles, lines and crow's feet around the eyes.
5 fl oz jar
reg. ~~$24.00~~
INTRO PRICE
$5

#8 Bio-Calmille Soothing Night Cream
Moisturizes sensitive skin. Wake-up with a complexion that looks revitalized and radiant.
1.7 fl oz jar
reg. ~~$15.95~~
INTRO PRICE
$4

#9 Soothing Bath Oil with Lavender
A potent stress reliever. Nurtures your senses to fully revive your body.
5 fl oz. bottle
reg. ~~$13.95~~
INTRO PRICE
$4

#10 Calendula Gentle Hand Cream
Nourishes and moisturizes dry, chapped hands.
1.7 fl oz tube
reg. ~~$8.50~~
INTRO PRICE
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3.38 fl oz bottle
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Cleanses, moisturizes and softens in one easy step.
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Sex DO'S and DON'TS every woman should know



Practical advice to deepen intimacy and turn ordinary pleasure into ecstasy

By Felice Dunas, with Philip Goldberg

Isn't life easier when you're having great sex? It makes you feel terrific, it strengthens your immune system and improves your emotional health. Best of all, making love makes more love. It strengthens the emotional bond between you and your spouse, reduces fear and anger and softens the harsh reality of conflicts and disagreements. Instead of seeing only your husband's stubbornness or his selfish streak, you are inclined to focus on the qualities that brought you together.

So why does the sizzle seem to fizzle after a few years? Husbands complain about wives with headaches; women gripe about the guys who are buried in the sports page. But with a little imagination, passion can continue to grow throughout your marriage. The following tips, from an internationally acclaimed expert in ancient sexual techniques, will jumpstart your sex life.

When Love Makes You Cry

You're in bed, you've been kissing, fondling and stroking, and all of a sudden you begin to sob. Paradise is suddenly lost, and you—and your partner—are wondering what's wrong with you. The answer: probably nothing. Sexual arousal unleashes powerful emotions. They may be connected with your relationship, something that happened at work, old fears or bad memories. It's very important for the one crying to let all the emotion out. The partner's role is to be supportive and listen well.

Ten Seconds Can Make Your Day

Can you spare ten seconds a day for one small step toward a great sex life? From now on, when you see your mate at the end of the day, make the first act between you a kiss that lasts at least ten seconds.

If this sounds like an insignificant addition to your lovelife, ask yourself when you last shared a kiss (while vertical) that lingered for a full ten seconds. If you can't rememb you've been missing out on something special. If you can remember, bet that kiss made your heart race and your knees go weak. It proba brightened your whole day.

I guarantee that if you bring home a big sloppy ten-second kiss for y beloved every day, you'll be astonished by the results. It taps into the ri of love that runs below the mundane concerns of your lives and serves an instant reminder of why you are together. And it's good for the cl dren: Watching you and your husband embrace is a healthy reminder t romantic love is an important part of married life.

FROM "PASSION PLAY: ANCIENT SECRETS FOR A LIFETIME OF HEALTH AND HAPPINESS THROUGH SENSATIONAL SEX," BY FELICE DUNAS WITH PHILIP GOLDBERG. REPRINTED WITH PERMISSION OF RIVERHEAD BOOKS, INC., A DIVISION OF PENGUIN PUTNAM INC. COPYRIGHT ©1997 BY FELICE DUNAS, PH.D.

Some night it'll happen.

The phone will ring.

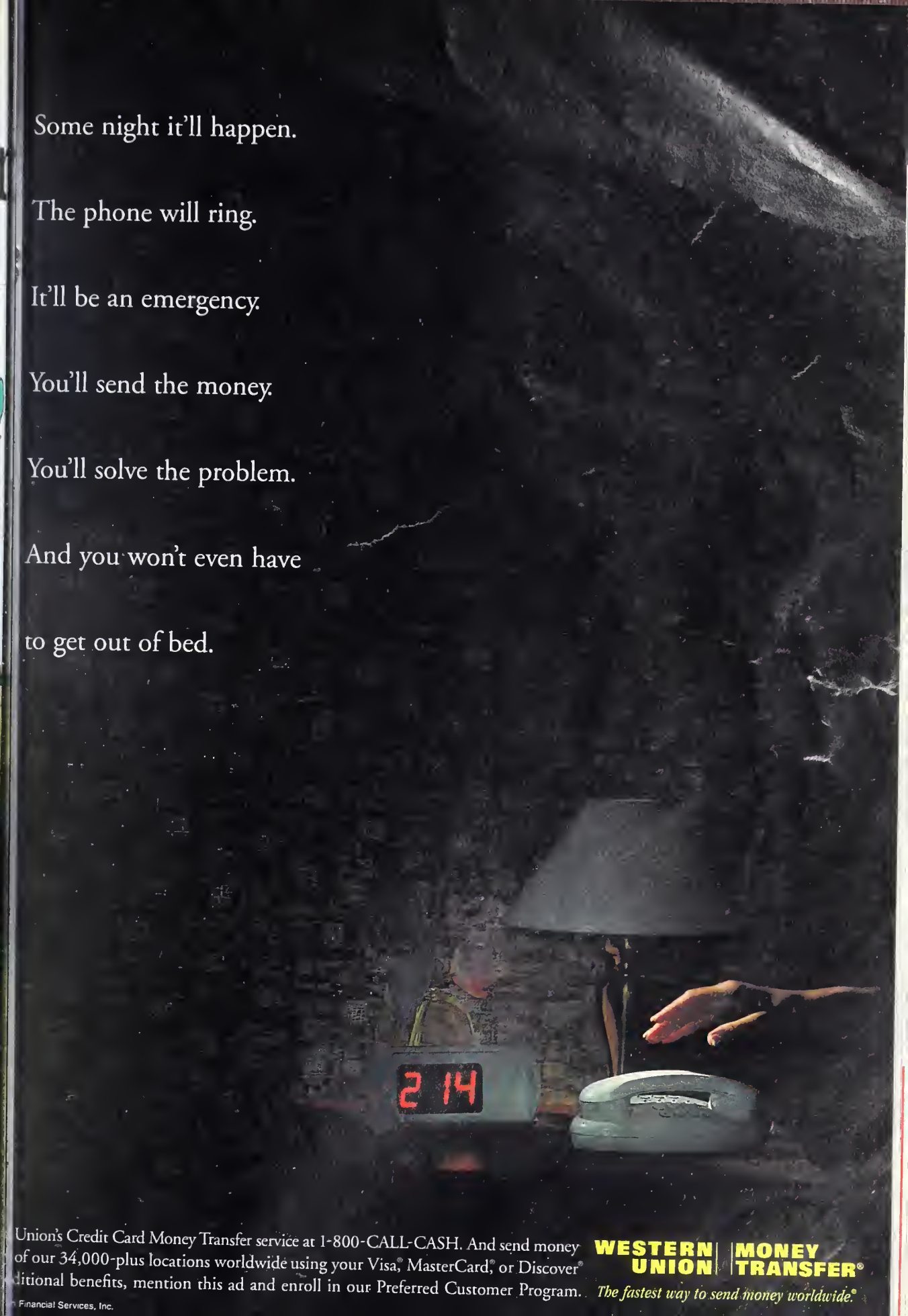
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How To Seduce Your Husband

Whoever said that the way to a man's heart is through his stomach was setting her sights a little too high. Basically, it's the old cliché: Women need love to get to sex; men use sex to get to love.

1. GET RIGHT TO THE POINT. Men respond well to sexual words. Remind him of something you did in bed last time and whisper that you can't wait to do it again. Add details.

2. SHOW YOUR SEXUAL INTEREST WHEN YOU'RE OUT TOGETHER. This doesn't mean you should have sex between appetizer and entrée, but let him know it's on your mind. He'll start planning ways to satisfy you when you get home.

3. SURPRISE HIM. Put your hand on his thigh or rub against him when he least expects it. Initiate sex at an unusual time or place: Try booking a hotel for your lunch break, or sneak off for a quickie while the kids are doing their homework.

4. NEVER REJECT HIS ADVANCES AUTOMATICALLY. If the moment is wrong, transform the situation. Tell him, for example, that you're thrilled that he wants you and that you'll meet him in an hour in front of the fireplace wearing a negligee—half an hour if he puts the kids to bed.

5. CREATE RITUALS. There is something wonderful about the quiet gestures couples develop over the years to say "Now's the time." When used with clever timing, a private, familiar signal can create an explosion of erotic love.

The Soft Touch

The ancient Chinese maintained the advantages of the occasional use of soft-entry technique. When having a erection becomes a goal rather than natural event, it creates tension, ma any problems worse. Just as the more try to fall asleep, the more awake you the more a man tries to get an erecti the more unlikely it is to happen.

In addition, soft entry takes the pressure off the man and provides a new set of sensations. Many a wom has found it extremely arousing to feel a man becoming more excited. For a man, too, the feeling can be a different kind of pleasure entirely. A finally, this technique can make a man more receptive to the emotion aspect of lovemaking.

The Ten-Minute Tryst

This is a miracle worker for a marriage. Remember that sexuality fuels the heart, not the other way around, so take the first ten minutes of every day to be sexual together. The purpose is to enjoy ten minutes of sexual closeness before your responsibilities pull you apart. The man should be stimulated enough to have an erection, and the woman should aroused enough to secrete moisture, but intercourse is optiona The idea is not to have an orgasm—simply hold each other clos and focus your attention on how grateful you are to have each other's love. Stimulating your sexual energy without orgasm wil keep the yearning for each other alive throughout the day.



ne Dos and Don'ts of Great Sex for Women

You can't have great sex unless you are true to yourself and honest with r partner. You have a right to cuddling and tenderness, or to hear him whisper "I love you" in your ear. If he es love to you with no thought for your needs, you will lose interest in sex.

)O . . . pay attention to the pace at which your body responds, and if you're aroused enough for sexual ac- y, let your partner know.

tell your partner what you need like.

. give him a chance to fix what hers you about your sex life. e him feedback, but avoid criti- ıg him. Try to sandwich a nega- between two positives.

take on the assertive role occa- ally. Trading roles will help you athize with his position, and it make for very exciting sex.

remember that it is difficult to tch into new sexual territory. If t he initiates is uncomfortable you, don't automatically refuse. to modify it in some way that please both of you.

DON'T . . . let him enter if you're not physically and emotionally ready. If your body responds and your psyche doesn't—or vice versa—it can cause problems down the line.

. . . condemn or criticize him if he tries something new and doesn't get it right the first time—or even the second or third times.

. . . have sex with your partner when your mind is elsewhere. Both of you deserve more respect, and a halfhearted response will weaken the bond between you.

. . . rush to orgasm. Allow things to happen; don't force them.

. . . belittle the sex act by allowing it to be merely a stress-release valve for him. If he comes home and wants sex as a way to reduce tension, take the sexual energy he gives you and transform it into a more intimate adventure.

. . . use fear or anger as a reason to avoid sex for an extended period of time. Find a way to communicate your feelings to your partner.





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A New Reason To Work Out

What's the best way to lose weight and keep it off? It's not dieting. Nor is it dieting and exercising combined. For the longest-lasting results, put all your energy into exercise, a recent two-year study concluded.

Initially, women and men who dieted and exercised came out ahead, losing an average of 20 pounds over one year. Those who only dieted dropped 15 pounds; the exercisers shed just six. But in year two, the exercisers claimed the lead by keeping the lost weight off. Th combination group regained 15 pounds and the dieters thirt

"People can stay on a diet fo only so long because they star feeling deprived," says researc Rebecca Reeves, Dr.P.H., R.D., Baylor College of Medicine, in Houston. For the combo grou once dieting slipped, so did exercising. But the exercisers never felt they were going without and so were able to st with their program.

—Anna Rou

Rx for frazzled physicians

It's not easy being a doctor today. Not only must physicians deal with some difficult patients and keep up-to-date on complex diseases, but those in managed care must also treat large numbers of people each day while contending with less control over decision making. The result: At some point, 60 percent of doctors suffer the exhaustion of burnout, according to research by John-Henry Pfifferling, Ph.D., director of the Center for Professional Well-Being, in Durham, North Carolina.

Of course, if your doc seems down, you shouldn't jump to conclusions—she could just be having a bad day. But if your usually dedicated physician now seems perpetually distracted, neglects to follow up on tests or functions at a level below her standard, she may be burned out—and you may be at risk.

If you suspect burnout, speak up. You may inspire your doctor to seek help. But if she seems off-kilter at your next visit, consider finding a new physician. And to prevent ending up with another distracted doc, call around, ask questions and select the one who sees the fewest patients per day and has scheduled breaks. —Isadora Fox

GOOD NEWS FOR COFFEE LOVERS

If coffee is your favorite vice, here's something to perk you up: New research says it's actually good for you. The stean rising from a cup of coffee contains powerful antioxidants believed to help prevent heart disease and cancer, according to researcher Takayuki Shibamoto, Ph.D., a professor at the University of California, Davis. One cup o coffee, whether high-test or decaf, may l as protective as three oranges, he says.



The chemicals that contain the antioxidants are not in the coffee beans, but are a product of the brewing process—they're what giv coffee its distinctive aroma. But because they evaporate quickly int the air, you should drink the coffe shortly after it is brewed (preferab within thirty minutes). Once coffee has been sitting long enough to lo its aroma, it has also lost most of the antioxidant benefits. —A.

Smile Saver

The big problem with periodontal disease, which can cause gum recession and tooth loss, is that it usually has done considerable damage before you even know you have it. But a new finger-prick blood test can detect a genetic predisposition for periodontal problems well before the disease does any dirty work. Now dentis hope that knowledge of a susceptibility to gum problems w be as strong as fear of tooth loss in motivating people to brush an floss scrupulously. If your dentist doesn't have the new test yet, th manufacturer is Medical Science Systems (888-677-1778).

—Deborah J. Ba

"SHOULD I SLEEP WITH IT, OR NOT?"

, HOW LONG N YOU LEAVE TAMPON IN, ANYWAY?

ou're like most
n who use tampons,
comfortable using
during the day. But
ht...maybe you're
sure. Is overnight
ht? How long is
ng?

EEP ON THIS: A GROUP F LEADING YNECOLOGISTS AGREE THAT YOU N WEAR A TAMPON OVERNIGHT, FOR UP TO 8 HOURS.

t's great news. You can sleep with a tampon for 8 hours. But we didn't say it. Doctors did. And 8 hours is a good night's sleep. Especially when you're really, really comfortable.



...AND, DAY OR NIGHT, NOTHING PROTECTS BETTER THAN A TAMPAX® TAMPON.

Tampax tampons expand three ways to contour to your inside shape for unbeatable protection. So, you can sleep through the night with confidence. Plus Tampax tampons are much more comfortable than pads—none of that bunching or shifting.

SO, OVERNIGHT, IT'S OKAY?

Yes. It's really okay to wear a Tampax tampon overnight for up to 8 hours. So now you can choose when to switch to a Tampon instead of a pad. Sweet dreams!



WOMEN KNOW.™

more thoughts on using a tampon overnight and other information you might want, visit the Tampax website at http://www.tampax.com. And read the leaflet inside for more information. TAMPAX, TAMPAX NATURALS, SATIN TOUCH and WOMEN KNOW are trademarks of Tampax Corporation ©1997 Tampax Corporation



I don't know who was more proud that day, Steffie or me. Even though I know I'll never forget that moment – I want to m sure she doesn't either. That's why my Lane Cedar Chest is so important. I'll put in her "Junior Americ award sash, her ballet slippers and her first party dress. She'll put in her favorite teddy bear and her first love letter. And someday we'll both relive the memories.



Cedar Chest 2855 'Colourations'

Lane Cedar Chests can preserve your most cherished memories, because they have an aroma-tight seal and cedar lining that protect against moths and mildew. Plus we offer a limited moth damage warranty. For information on how to preserve your memories and a full catalog of chest styles starting at $250, send $3 to The Lane Co., Inc., Dept. T090, Altavista, VA 24517-0151. Or for a dealer near you, call 1-800-750-LANE.

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Lan

For memories too pr
to be erased by ti



LADIES' HOME JOURNAL SPECIAL REPORT

AMERICAN WOMEN: Where we are now

How happy are today's women? What are their biggest successes—and their greatest challenges? To find out, *Ladies' Home Journal*—in partnership with DYG, Inc., a renowned social-science research firm—conducted a unique, in-depth study, *Ladies' Home Journal*'s American Woman Survey, to focus on the lives of American women. "It is the first major study to look at the extraordinary changes women have experienced in the last thirty years," says DYG president Madelyn Hochstein.

The participants of our survey reflect the demographics of the 102 million omen in the U.S.; here's what they told us about themselves, their families nd their work lives. Read on for a revealing—and surprising—portrait of the merican woman today.

Better than ever

Women have come a long way. The majority of respondents believe that the changes in our lives over the last thirty years have been for the good—70 percent say that women are better off today than they were in the past. The biggest benefits they cite:

86% More opportunities for self-expression

78% Increased opportunities in the workplace

68% More political power

The kids aren't all righ



The dramati changes in wo men's lives ove the years hav had some un intended con sequences—an it's the youngest mem bers of society wh seem to be suffering Fifty-nine percent of re spondents believe tha their children have los the most. Eighty percen say the biggest unin tended consequence of the changing role o women is the "declining moral values of today' children," while 75 percent lament the break down of the traditional family.

Do as I say, not as I do



Yet our respondents report that their lives are far from perfect. Sixty percent say they wouldn't want their daughters to follow in their footsteps. Why? Most report that they have regrets about life choices they've made. "I got married too young," said one woman ruefully. Others want their daughters to take more advantage of opportunities. "I would want my daughter to have a college education," said another.



3 Myth about women you'll never believe again

They'd rather have time than money. **In fact, most women—85 percent—wish for financial security, while just 58 percent prefer more time for themselves.**

Marriages are unhappy. **Perception, it seems, is everything. The respondents to our survey believe that *everyone else* has a bad marriage (44 percent say that happy marriages are few and far between). Eighty-two percent are satisfied with the state of their own unions, and 58 percent say their husband is the one person in the world who knows them best.**

Older women are more content. **Women in the fifty-two- to sixty-seven-year-old age group repo some major dissatisfactions with their lives. As they age, these women say, they become increasingly lonely and worried about managing on their own. They're also more likely to be disappointed about the way their lives turned ou**

Progress at a price

While women have gained many benefits from their increased opportunities, they're also facing some new challenges. One of the biggest: the number of new responsibilities caused by balancing work and family, say 80 percent. Seventy-four percent believe that women's stress levels have vastly increased because of their dual roles; 26 percent describe themselves as "stressed to the max." "Women in the workplace try to be equal with men; then they have to go home and give some more," complains one working mom. "I'm taking care of everyone. Who's taking care of me?"



ur generation does it
etter, today's women say:
ixty-seven percent
elieve that their lives are
etter than their mothers'.
aby boomers—who have
ained the most from the
creased opportunities for
omen—are the most
kely to maintain that their
vn lives surpass Mom's.

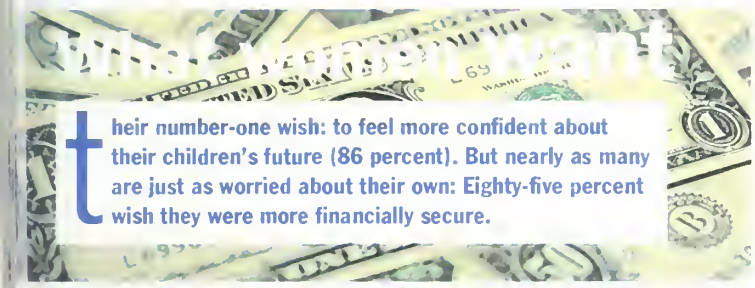
"I'm so lonely"



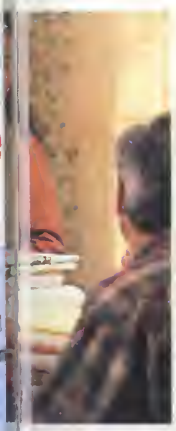
Sadly, today's busy women don't have the time—or the opportunity—for friendship: A stunning 66 percent of respondents say they're lonely. This may be one of the greatest—and least noted—changes in women's lives.

Unlike their mothers, who could get together regularly with friends for coffee or chat daily with neighbors over the back fence, women now say they have no sense of community or belonging. "There is no cohesion of family and friends," notes one woman. "People are transferring [for their jobs] so much that there are no real ties anymore."

Others blame increased demands for leaving them with little time to socialize. "I work full-time and don't really have a chance to get to know my neighbors because I'm gone all the time," says one busy mom. Adds another, "Friendships with other women have to be the last thing—after family, kids, husband and job."



their number-one wish: to feel more confident about their children's future (86 percent). But nearly as many are just as worried about their own: Eighty-five percent wish they were more financially secure.



The gender gap

It should be good news—younger men are doing far more around the house than their older counterparts—but young women still aren't satisfied. Despite the fact that their husbands are more likely to clean and cook, 47 percent of wives ages twenty-one to thirty-two want even *more* help from their mates. Older women, whose husbands do the least, seem resigned to the way things are: Only 28 percent of those ages fifty-two to sixty-seven wish their spouses would pitch in.

But most respondents agree that women are still responsible for the bulk of the chores:

76% say they do most of the laundry

73% do most of the cooking

70% do most of the housecleaning

67% do most of the grocery shopping

56% pay most of the bills

o what *do* men do the most? Care for the car.

A weighty issue

In some important ways, women feel good about themselves—59 percent are very happy with their health, while 36 percent are somewhat satisfied; 53 percent love the way they look, and 44 percent are basically content with their appearance. What *don't* they feel good about? Their weight—respondents report that it's the most dissatisfying aspect of their lives. A whopping 61 percent are not happy with what the bathroom scale tells them, and 26 percent say they worry constantly about those extra pounds. Fifty-three percent yearn to be thin.



TELEPHONE POLL OF 1,000 AMERICAN WOMEN AGED EIGHTEEN AND OLDER WAS CONDUCTED BY DYG FROM MAY 2 TO MAY 12, 1997. OVERALL MARGIN OF ERROR: 3.2 PERCENT. PERCENTAGES MAY NOT ADD UP TO 100 BECAUSE RESPONDENTS COULD CHOOSE MORE THAN ONE ANSWER.

Angels among us



Heavenly role models

Call them real-life angels: Seventy-eight percent of women say the quality that best describes them is "being a good person." Not surprisingly, when asked to pick the TV character they most identify with, respondents overwhelmingly looked to the heavens: Forty-five percent chose the lead role in *Touched by an Angel*.

It's not just a job. . . .

Working outside the home means more than just a paycheck to those who answered our survey: Fifty-six percent are very satisfied with their jobs. "When you have a career, you have goals that you're achieving," explained one. "You have objectives to reach, like how many sales you can make each month. At home, your objective is mopping the floor, and a half hour later the floor is dirty anyway. You don't get much satisfaction from that." Adds another, "At work, you're around other people like you. They can understand your difficulties and appreciate your strengths. At home, your husband just doesn't get what's going on."



Even if a woman isn't happy with her job, she'd like to be. When asked what they wished for, more working women—68 percent—chose a truly satisfying career over a better sex life (50 percent) or more time for sleep (48 percent).



The new optimism

In spite of the greater demands on them—both at home and at work—women today are very satisfied overall. Reflecting the current optimism in America, a whopping 84 percent of respondents report their lives are going in the right direction. Perhaps this is because they feel they're such a capable group—60 percent say they have their lives under control, despite the increased stress they're under.

What brings them the greatest joy? Family comes first and foremost. Eighty-eight percent chose their children as the number-one satisfaction in their lives; 78 percent picked their relationship with their husband or significant other.

Wives are far more satisfied with their lives than divorced and single women. Eighty-two percent rate their relationship with their spouse as the thing that makes them happiest. Sixty-two percent say they're sexually fulfilled and 59 percent are "madly in love."

Fatherhood Redefined

Men are taking the role of daddy more seriously; most are more involved with their children than ever before. And women are applauding their efforts: Sixty-five percent agree that there has been a positive change over the last thirty years when it comes to men's roles in child-rearing.



Just how are these new, improved dads helping out with the kids? Sixty-seven percent of women say men share equally in being a role model for their children, 65 percent report they share equally in teaching children ethics and 59 percent say fathers do their fair share of disciplining the kids. But when it comes to everyday parenting—changing diapers, feeding the kids, taking them to doctors' appointments—dads are just a little more hands-off: Half of all women say men share equally in these tasks. When women's lives change, men's do, too.

WHO ANSWERED OUR SURVEY
Median age: 43
Average household income: $36,900
61 percent are married
42 percent have children age 18 or younger
61 percent are currently employed
54 percent have at least some college education

The purple stays purple beyond the season's last tackle.

It's not just about purple. There's team spirit on the line. Cheer® with Bleach Alternative cleans those purple jerseys, game after game. It's tough on stains from those goal-line stands, and it helps keep colors bright, even on clothes that fade easily. So after the season's memories fade, purple hangs tough.



a premium regular detergent

Cheer with Bleach Alternative

30 washes each

When your color's on the line.

amble 1997



"Now I know that wit
love, you have to be
willing to give everyth
and not expect anyth
back," says Griffith. '
then when you do ge
something back, you
have to really respect

melanie in love

n this LHJ exclusive, Melanie riffith shares her feelings n turning forty, the magic of notherhood—and that hot ew husband

By Melina Gerosa







School's out for the afternoon, and Melanie Griffith's three children have just come bursting through the door. The actress beams, then scrunches up her nose. "Stella!" says Griffith, plucking her one-year-old daughter from her nanny's arms. "How can something *so little* stink *so big*?"

"I'll get the diaper bag," says Dakota, a seven-year-old version of Griffith with freckles and a fearless gaze. Twelve-ear-old Alexander claps his hands to distract the baby while Mom does the dirty ork. Then they disappear, leaving Griffith to enjoy a peaceful moment with her oungest. "*Guapa*," she coos softly to her baby.

No doubt Griffith learned this term of endearment—which means beautiful—from ier new husband, the thirty-seven-year-old Spanish heartthrob Antonio Banderas, vho's in Mexico shooting *The Mask of Zorro*. And with good reason—while she may iave blown out forty candles on her birthday cake on August 9, the actress has never ooked better. Her radiance is clearly the result of being head over high heels in love.

"I was looking for Antonio all my life. It's almost like déjà vu; I feel like I've lreamt him—," she stops and drops her face into her hand, where it remains hidlen behind an engagement ring the size of a skating rink. "Oh, I sound *so corny*!" Griffith says, sitting in the Santa Monica offices of the couple's joint production ompany, Green Moon. She is wearing a white ribbed top, a teeny black miniskirt nd strappy black sandals. From her neck dangles a sparkly diamond cross.

"Melanie, Antonio's on line one," says an assistant. In a staccato clatter, Grifith sprints to the phone. She returns with a smile as wide as the Rio Grande.

Griffith had never met Banderas before being cast as his co-star for their 1995 novie *Two Much*. While she admits it was a case of "love at first sight," their inion had to wait. At the time, both were struggling in their marriages—Griffith o Don Johnson, and Banderas to Spanish actress Ana Leza. When the movie vrapped, they realized they had to do whatever it took to be together. *(continued)*

(continued) Their early days are not a time Griffith wants to rehash. "I've never talked about it with the press," she stammers. "It would only hurt Don and Ana."

They separated from their mates, started dating, and within a few months, Banderas visited Griffith on the South Carolina set of *Lolita*, took her to the beach and proposed. Griffith burst into a fit of nervous giggles. "And then I cried," she says. "The sun was setting. It couldn't have been more romantic."

Romantic, according to the actress's thirty-six-year-old half-sister, Tracy, is an understatement when it comes to describing the couple. "When Melanie told me she was with Antonio, I thought, Oh, great. Out of the frying pan and into the fire! The most beautiful man in the world, after she's been through *a little* emotional trouble?" Tracy says. Then she met him. "Antonio took my hand and said, 'I love your sister very much, and I will do everything I can to make her happy.' *With tears in his eyes*!" she says. "And it's been like that ever since."

According to Griffith, it didn't take long for Banderas to have a similar effect on her children. "They were tough on him, but they pretty much loved him right away," she says. "For being so macho, he's a kindhearted person." When Banderas was scheduled to shoot *Evita* in London two weeks before Griffith could join him, Alexander wanted to go along. "Antonio spent nine days, taking him on all the double-decker buses and to all the museums," she says. "It meant so much to Alexander."

No wonder, then, that Alexander was chosen to be Banderas' best man, joining Dakota as Griffith's maid of honor, at their wedding in May 1996. Just twelve friends and family members gathered at London's Westminster Registry to witness the exchange of vows. "Then Alexander said, 'Kiss her already!'" the actress says with a laugh.

But not even her nuptials compare to the moment she gave birth to Stella in a public hospital in Marbella, Spain, last September. "Antonio wanted to have a baby just like everybody else, so we did," she says. "I was laughing when I was pushing, and he was just in awe. And when he came over holding this tiny baby, it was probably the most beautiful moment of my life."

It is an experience she plans on repeating. "I might try to get pregnant at the end of this year," she says. "It would be great to have *two* little ones." And if the couple's first wedding anniversary is any indication, family life isn't interfering with the passion that brought them together in the first place. "Every forty-five minutes, a dozen roses arrived with another line of a beautiful sonnet he'd written. And then he gave me this," she says, lifting her diamond-encrusted cross.

The truth is, the object of Antonio's affection is just as sweet. "She has a mother's heart," says Tracy. "But she is also childlike in her enthusiasms. She's got that kitten thi going, but she's also tough. She's a kitten with a whip."

Griffith has been like this ever since she was a ki "Melanie use to wing her brussels sprouts out the wi dow of our twenty-eighth-floor apartment," Tracy laugh "She didn't want to hurt my mother's feelings, but s definitely had a plan about the brussels sprouts."

Considering the baubles, babies and the beautiful Ba deras, Griffith seems to be getting her way even toda It's no wonder forty seems so fabulous. She runs thr miles a day and exercises on the StairMaster. Of cours the tabloids have another theory about how she stays size-four shape. "Some article said I had fifty thousa dollars' worth of liposuction and plastic surgery, and *didn't*," she insists. Never? "I did my breasts seven ye ago, right after I had Dakota, but that's it."

In truth, Griffith welcomes the confidence age h brought her. "When I was about twenty-five, I made t conscious decision to be good in my work, and to beli in myself. And I couldn't do that in my personal life," s explains. "I always put men on a pedestal, probably b cause my parents were divorced when I was really little."

Griffith, the daughter of actress Tippi Hedren (*T Birds*) and businessman Peter Griffith, grew up on t Hollywood fast track. She started acting at the age fourteen, and has appeared in nearly thirty films. Sh also, since 1994, been the spokesperson for Revlon's A Defying makeup. Her roller-coaster film career inclu lows like *The Bonfire of the Vanities* *(continued on page 1*

the look of love
Melanie shares her beauty secrets

Hair Care: "When I'm trying to grow my hair, I stick a dollop of mousse in it, blow it out, and then pin it up with a beautiful tortoiseshell clip."

The Must-Have Beauty Product: "I can't live without mascara. When I put it on, my eyes just pop and it makes everything okay."

Burn off the Baby Fat: "Breastfeeding and running are how I lost weight after having Stella. I love to run with Antonio. It's harder because he goes faster, but if I can keep up, I know I've done a good workout."

Be In Love: "When you're really, really in love, you have a sort of calmness and it makes everything easier. You don't walk around frowning all the time."

"When Antonio and I are apart, I don' worry that he's all right," Melanie says



From top left: Griffith with mom Tippi Hedren and Paul Newman on the set of *The Drowning Pool*, 1976; with Paul Newman again in *Nobody's Fool*, 1994; with Banderas in *Two Much*, 1995; with Don Johnson in *Paradise*, 1991; in 1988's *Working Girl*; with Jeff Daniels in *Something Wild*, 1986; in *Body Double*, 1984. Below: with kids Dakota and Alexander; with Mom and Antonio

orry that he's being unfaithful; I "hat's a big difference in my life."



THE FOUR LOOKS OF FALL

Call it the new wearability. Unlike other seasons' fashion frivolities, the latest styles are practical, professional and pretty—the kinds of clothes t really work in real life. Here, the best that was being parad on every designer's runway. Plus knockoffs that look just great—at a much better price

By Lois Joy Johnson



leather blazer

$62

A blouse and skirt get an attitude adjustment paired with a sleek, cool leather jacket. With its tapered cut and downtown edge, this look-alike "pleather" style by XOXO could easily be mistaken for the genuine article. Gemilli shirt, Evan Picone skirt, Hanes hosiery, Delman shoes



Carolina Herrera

$2,400



Ralph Lauren

$2,4



$2,900

Badgley Misch



$140

$72
pinstripes

With its wide cuffs, crisp pleats and square shoulders, a man-tailored double-breasted pantsuit says you're ready for business. To go with your banker's stripes? Since you're borrowing from the guys anyway, why not try a button-down blue cotton shirt? CDC Sportswear suit and shirt, Isaac Mizrahi pumps, Kate Spade bag, Nine West sunglasses

$3,800
Oscar de la Renta

Todd Oldham
$1,135

$2,050
Michael Kors

$2,245
Ralph Lauren

Four For Fall



tone on tone

In matching neutrals (camel, gray, burgundy, charcoal), a sweater and skirt become a set that looks more sophisticated than mingled separates. Choose a close-to-the-body pullover and tapered-just-above-the-knee skirt for the most refined and flattering look. Guess? top, Rampage skirt, Express cardigan, Stuart Weitzman boots, Guess? bag

hoppers spoke;
esigners listened. The
ew styles are not so
ıtrageous that you
eed a model's body to
ear them, yet not so
me that they're dull



Susan Lazar
$429



D by DKNY
$125



$268
Susan Lazar



$26

high v-neck

The newsiest neckline takes the tiniest plunge, a mini-dip V that flatters full faces and visually elongates the neck. Think of it as this year's mock turtle—that is to say, a style necessity. Old Navy top, Liz Claiborne pants, Anne Klein II shoes, Elliot at Fragments earrings

How MUCH do you EAT?





Same size, different diets. Four women's food diaries show us how metabolism and other factors influence what we weigh.

By Daryn Eller





To meet Tina Browne, Adrienne Montare, Kristi Ludwig and Lydia Cox, you'd probably guess that they ate about the same amount. After all, each of them is five-four and 140 pounds—the national average for American women. But when we had them keep a three-day food diary, we found out that just about the only thing they have in common is their height and weight: One woman eats as much as 2,200 calories a day while another eats only about half that, logging in at 1,200 calories.

It's hard to imagine how that can be possible. But then, we each have a friend who eats anything she wants in great quantities and never adds an inch, and another who never eats much yet somehow has to constantly struggle to stay thin.

How can these four women (and the ones you know) be exactly the same size yet have such widely divergent diets? "Even if people weigh the same and are the same height, there are genetic factors that affect how much they can eat without gaining weight," explains one of America's foremost diet experts, C. Wayne Callaway, M.D., an endocrinologist and professor at George Washington University, in Washington, D.C.

One of those genetic factors is metabolism, the rate at which you burn calories, which—whether it's fast or sluggish—tends to run in families. Metabolic rate can also be affected by body composition, another inherited trait: Because muscle tissue burns more calories than body fat, even at rest, the more muscle you have, the higher your metabolic rate. But body *(continued)*

Breakfast - 7.30 am
1 slice wheat toast with margarine spray
1 cup coffee (8 oz) with 2 tbsp chocolate milk

Snack - 9 am
1 cup coffee with Cremora

Snack - 10 am
1 cup coffee with Cremora

Lunch - 1 pm
Ham and Swiss sandwich with mayo and lettuce on wheat bread
1 small bag Ripples potato chips (sour cream & chive)
2 Diet Coke (12 oz)

Snack - 2 pm
1 Hershey's with Almonds bar

Snack - 6.30 pm
1 8-oz. cup flavoured seltzer (no sugar added)

Dinner - 7.30 pm
1 slice deep-dish pizza
1 lamb pattie, sautéed
2/3 cup penne pasta with broccoli salad
2 8-oz. glasses of water
Half Caesar salad from a bag (no dressing)

Snack - 8 pm
1/2 cup premium chocolate ice cream

Most of these dietary pitfa fall victim to them, too. Luck



(continued) composition isn't entirely genetic: You can gain muscle through exercise, especially strength training. You also lose it through the unavoidable act of aging.

"Unless she does some strength training, even a young woman can lose up to half a pound of muscle every year, and that will slow her resting metabolic rate by about twenty calories a day," says Wayne Westcott, Ph.D., fitness research director at the South Shore Y.M.C.A., in Quincy, Massachusetts. If her diet stays the same that first year, she will gain two pounds of fat. Since her body fat starts out higher the second year, she'll gain even more—and so on. After menopause the numbers double. Women who strength train add muscle and lose fat.

It's also likely that these four women metabolize dietary fat differently. Although common wisdom has it that fat calories make you fatter than carbohydrate or protein calories, researchers are discovering that this may not be true for everyone. "Some people are more responsive to dietary fat than others," says Callaway, priming them to gain pounds from those treats. But, he adds, "For health reasons, it's still worthwhile for everyone to keep fat under thirty percent of total calories."

What other dietary rules should Browne, Montare, Ludwig and Cox keep in mind? We asked Callaway and Liz Ward, R.D., a Boston-based spokesperson for the American Dietetic Association, to take a look at their "eat sheets." Here's the advice our four women got—advice that might help you revamp your diet and keep you at the weight you want to be. (Also see "Learning from Others' Diet Mistakes," page 183.)

TOP CONSUMER

At forty-five and the oldest of our bunch, Tina Browne of Houston, Texas, seemingly should be eating fewest calories to maintain her weight at 140 po Instead, she eats the most—about 2,200 calor day—proving that individual differences count than age. Her high energy level might have some to do with it, too: Although she doesn't exercise mally, Browne is up and down the stairs doze times a day at her job as a building consultant. also stays active playing with her three kids, all the age of nine.

Fortunately, Browne has low cholesterol and she a calcium supplement—a good thing since her inta dairy and calcium-rich greens is low. Though she's fortable with her weight, she struggles with eating "My two biggest problems are that I usually don't time to prepare vegetables, and that I often en snacking on sweets after the kids are asleep and working on my laptop," she admits. Browne get much fat from snacks like cookies.

Since Browne is always on the go, Ward recomm that she keep healthy, portable snacks on hand, putting a few cherry tomatoes and baby carrots in to take to work. She can also replace candy and co with graham crackers or pretzels. To increase her produce intake, Browne can stock her shelves with vegetable and bean soups. "Instead of having a ham-and-cheese sandwich and potato chips for lunch, try soup, low-fat yogurt and a bagel," advises Ward.



Kristi Ludwig

Breakfast (9 AM)
1 English muffin w/ raspberry jelly

Snack (10 AM - in car on the way to gym)
1 chewy granola bar

Lunch (12:30)
1 sandwich - hard salami, American cheese (1 slice), butter (1 tsp.) and lettuce on wheat bread (2 slices)

Snack (2:15 - in car)
double scoop of cookies 'n' cream ice cream in a cone

Dinner (7 PM)
pasta w/ Alfredo sauce, black olives, mushrooms + tomatoes
1 Pillsbury bread stick
1 cup 2%-fat milk

Snack (12 AM - in car)
1 Diet Coke

Drank 64 oz. water throughout the day

Workout - 1/2 hour on stationary bike
1 hour of weights

e exceedingly common—which means you probably ere are simple ways to sidestep them

dia Cox

fast 8:30 a.m.

up of coffee with milk and sugar
banana

12:30 p.m. — In the car

lunch — 3 slices of ham, 1 slice of cheese
1 teaspoon mayo, 2 slices of white bread

box of Yoo Hoo

3 p.m.

bagel with butter
ss of water
reduced devil's food cookie
Tootsie Rolls

5:30 p.m.

thy Chris chicken and broccoli sandwich

10 p.m.

oiled egg and English muffin



KDAY WARRIOR

ng the week, Kristi Ludwig has the best overall diet, n she maintains at about 1,400 to 1,500 calories a And she gets kudos for her three-day-a-week exercise ien of aerobics and weights. The thirty-two-year-old, rt director and mother of two who lives in omowoc, Wisconsin, makes lots of good choices on days, especially at lunch when she grabs a turkey vich on whole wheat with low-fat mayo and a side of carrots. She gets a low-fat and filling meal packed nutrients and fiber. But on the weekends, she lets her vigilance. That's probably why she hasn't been to drop the ten pounds she'd like to.

oof of her transgressions are on the pages of her food (such as the choices on the Saturday, shown at That day she had hardly any fruits or vegetables and igh-fat choices like a salami-and-cheese sandwich ce cream. Ironically, this was one of her better dairy Ludwig rarely meets the daily recommendation of to three servings. But instead of the fatty double s of cookies 'n' cream, she'd be better off with plain at yogurt mixed with fresh fruit for a good dose of m, fiber and vitamins, says Ward.

for lunch, "if you must have salami, skip the cheese butter; spread on some mustard and have something ed pepper strips on the side to up your vegetable in- " Ward advises.

CALORIE CRUSADER

Most people eat too many calories. Lydia Cox, on the other hand, may be eating too few. Cox, a part-time bookkeeper who is thirty-six, usually gets about 1,200 calories a day. But with her active schedule walking three to four times a week for thirty to forty-five minutes and chasing a two-year-old and a five-year-old at home in Kings Park, New York—she could eat more. "Although they shouldn't be fat calories," says Ward. "She's already getting more than enough of those."

Cox has always struggled with her weight. A few years ago she met with a dietitian to get on track and dropped 20 pounds. Her weight since then is a reasonable goal to maintain and makes it less likely that she'll start a yo-yo pattern. But her current weight compared to her low caloric intake indicates that she might have a slower metabolism. For most women, 1,200 calories is a weight-loss diet.

But Cox can improve her eating habits even without adding calories—beginning with breakfast. On weekdays, Cox has been limiting herself to a couple of cups of coffee or, at most, half a banana. "We did a study a few years ago and found that people who skipped meals burned three to five percent fewer calories than normal," says Callaway. "That might not sound like a lot, but it could translate into eighty calories a day, then into eight pounds a year."

Eating breakfast will also give Cox a perfect opportunity to add more fruit and another *(continued on page 182)*

ADRIENNE MONTARE

BREAKFAST 8:30 A.M.
1 SLICE BOLOGNA
1 CUP OF COFFEE WITH WHOLE MILK

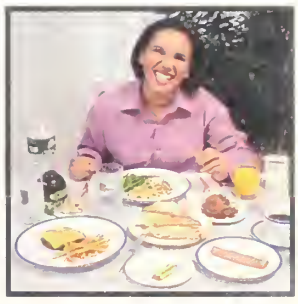
SNACK 11 A.M.
TURKEY SANDWICH MADE WITH 3 SLICES OF TURKEY, 2 SLICES OF LOW-FAT SWISS CHEESE, A TEASPOON OF LOW-FAT MAYONNAISE ON 2 SLICES OF WHOLE-GRAIN BREAD
1 CUP OF ORANGE JUICE (8 OZ)
1 CUP OF WATER (8 OZ)

LUNCH 2:30 P.M. (WITH DAUGHTERS AT BURGER KING)
CHEESE BURGER (NO BUN)
3/4 SMALL ORDER OF FRIES
1 CUP OF WATER (8 OZ)

SNACK 6 P.M.
1 CUP OF WATER (8 OZ)
3 GERBER PRETZELS

DINNER 7 P.M.
3 OZ TILAPIA FILLET, SAUTEED WITH BUTTER AND HERBS
2 OZ COUS COUS WITH PEAS, CARROTS AND OLIVE OIL (1 TBSP PER BOX)
6 OZ STEAMED GREEN BEANS WITH OLIVE OIL, GARLIC AND PARSLEY

SNACK 8 P.M.
12 OZ CHOCOLATE CHOCOLATE CHIP ICE CREAM




Plain old me
Lip schtick
Streak freak
Drying out
The best tresse
How I Go
Improving my eye-Q
Fake-believe
My beauty rest



Make me a blond! Give me nails! A big chest! Pouty lips! I wanted to experience life as a bombshell—at least for a brief, whirlwind while By Melinda Marshall

Gorgeous

Want to know my beauty routine?

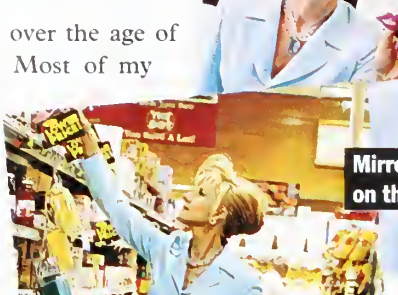
Most days, I shower, brush my teeth, vault into the sports utility vehicle and, between third and fourth gear, rake a comb through my hair.

Most days, I look like hell.

Provided I run into no one over the age of ten, it's the perfect regimen. Most of my friends also swear by it. They look like hell, too, but since we all do, it's okay.

Or, it was okay up until very recently. I think for some women there's an internal alarm set to go off every five years or so as a kind of wake-up call to vanishing youth. One of them sounded the other morning, as I caught a glimpse of my makeup-less face in the rearview mirror. I felt a stab, remembering the way I looked ten years ago, when I was twenty-five, in love with my husband-to-be, and one Very Foxy Lady. That little rectangle of glass also reflected all that used to be attendant on my looking good: hand-holding during candlelit dinners, kisses in the back of taxicabs, lingering looks from other, clearly admiring, men. By letting myself go, what else had I given up? I started to wonder. Then I had a brilliant idea: What if I took a page out of someone like Ivana Trump's playbook and transformed myself into a bombshell? Bet I could get some of those good things back!











To test the theory, I knew I would need expert assistance. So I went to my editors at the *Journal*, who assured me that yes, they could help me get gorgeous. It took no fewer than seven professionals to effect my transformation. There was Gad Cohen, hairstylist and colorist to the stars and Ivana Trump's main beauty man for several years; Doug Smith and Barbara Griggs, nail technicians for Creative Nail Design, imported from Boston and Baltimore; Elizabeth Allen, furnisher of fine couture and fantastic costume jewelry; Joan Smith, who could lift or lower a hem at a moment's notice; and the *Journal*'s beauty director, Lois Joy Johnson, and her associate, Nancy Weinberg.

Phase One, which took an entire afternoon, was dedicated to giving me half-inch-long nail tips. But very quickly it became clear that these little pink lozenge were going to change my life.

Really. I couldn't prepare a meal. couldn't scour a pot. I couldn't help th kids do Doctor Dreadful's Squeem Lab When the baby fell asleep in his ca seat, I had to leave him there for tw hours—no way could I worm those grap pling hooks under his back without los ing one or two in the upholstery. An when I went to change his diaper, I near ly changed his sex.

I was good for absolutely nothing bu eating, shopping and talking—which is th whole point, obviously, of having nails. couldn't even button my own pants (which explaine to me those long lines outside ladies' rest rooms).

The day after I got nails, Gad transformed m light brown, poker-straight tresses into a luscious silken mass of spun gold. The effect was so dazzling so youth-bestowing, so uplifting, and so . . . sex that I couldn't pass a mirror without pausing to ad mire my do anew. Inspired, submitted to the tortures of a ho lash curler, brow tweezers, seven hundred coats of mascara an stick foundation.

I did not feel I was donning mask. On the contrary: I fe bubbly and vivacious, as thoug Suzanne Somers' personali came in the same bottle as h haircolor. I couldn't stop smilin if only to marvel at the fact that had a mouth, a pouty mouth wi inviting lips, instead of my usu Grim Reaper grimace.

With a face that could launch a tho sand ships, I wanted the body to go wi it. A Miracle Bra was just what I neede plus a robin's-egg-blue tailored suit, she hose, high heels and gobs of crystal jew ry. The time had come to test my ne look in the field.

Want to know the first thing I learne Caught in the tractor beam of a 1,000-w blond, men become incredibly docile, a tentive and willing to do a woman's bi ding, spoken or unspoken.

Proof? For years I'd wrestled with t heavy doors that separate train cars, nev once getting an offer of help, but when was Blond Bombshell, doors literally opened befo me. For as long as I can remember, I'd envied wom who could walk into a room and silence all conver tion; in my made-over state, I walked into a bar m day to ask for meter money *(continued on page 1*



eels I wore
me about five-
nd I sauntered
y, a minor
eigning to
her own gas

OUR FIRST HOME

For one young Georgia couple, married life

Produced by Kimberlie A. Waugh



o a beautiful start





When newlyweds Robyn and Steven Gold began shopping for their dream house, they soon realized they wouldn't find what they wanted in high-priced Manhattan, where they were renting. So they turned their search to Atlanta, Georgia, where Robyn, a twenty-nine-year-old advertising sales representative, had grown up. Not only was the cost of living lower, the less-hectic pace was an attraction—although Steven, a thirty-year-old commercial-loan officer born and raised near New York City, needed some convincing. "But the more he saw of life down here, the more he liked it," says Robyn with a laugh.

Robyn got her company to transfer her, Steven found a job in Atlanta, and the Golds' house-hunting led them to a new development close to both of their offices. They chose the lot and the features they wanted—high ceilings, big windows and an airy floor plan—and their 2,700-square-foot house was built to their specs from the ground up. Less than a year after relocating, they moved in.

Their next challenge was to furnish and decorate on a budget—their only major piece of furniture was a wooden armoire—and in a manner that fit their casual way of life. "The house lends itself to a modern style, but we didn't want anything too outlandish," Robyn explains. *(continued)*

Soaring ceilings, big windows, an open floor plan—all that and, at first, only one pine armoire to their names



The bedroom's cream wallpaper subtle floral pri "that's not too feminine—Steve's comfortable with it, too," says Robyn



the m balance across the w draws the eye to interesting arched

(continued) Designer Michael Foster used a color scheme of rusts, browns and pale tans to link the downstairs living spaces, varying the patterns so that each room has a distinct personality.

To give character to the new interior, he mixed contemporary-yet-classic furniture from Lexington—like the plush brown corduroy sofa in the den—with accent pieces from Currey & Company in wicker and wrought iron. A "tea-stained" line of wallcoverings and fabrics from Waverly was chosen to provide a homey, lived-in feeling. Bowls and vases the couple had received as wedding gifts were pulled out of storage and set throughout the house. Big wooden curtain rods and decorative finials from Kirsch warm up the windows; moderately priced Oriental rugs from Nourison soften and define each room.

A number of pieces do double duty: Big, flat-topped ottomans in the den also serve as informal coffee tables (baskets hold food and drink), while one set of eight chairs can be split between kitchen and dining room (removable slipcovers dress the chairs up or down). A table the couple had destined for charity was salvaged and skirted; it now brightens the breakfast nook. An ordinary chandelier that came with the house was moved from the dining room to the kitchen and livened up with parchment shades; the new dining-room fixture has brushed metal shades and playful bead-and-crystal trim.

Upstairs, in the master suite, a serene retreat was created from a soft palette of rose, peach, cream and moss. The bedroom and sitting room, separated by an open archway, invite relaxation—from lounging on the four-poster to c dling by the fireplace. And the master bath, with its va ed ceiling, is large enough for his-and-hers vanities.

The house is perfect for entertaining the Golds' m guests, with Lido, their golden retriever puppy, hap underfoot. The spacious kitchen makes cooking a pleas and the first floor is so open that "wherever people con gate downstairs, it feels like we're all in the same roo Robyn says. She's catching up with childhood frie and the couple has quickly made new ones. They also plenty of visitors from up north—one weekend, eleve Steven's friends from New York came down. Fortuna the house is built for privacy as well as sociability, Robyn: "We can go upstairs to the master suite, close door, and have it all to ourselves!" —*Janet Bo*

PHOTOS, MARK SEELEN; HAIR AND MAKEUP, LISA WINN. THROUGHOUT THE HOUSE UN OTHER WISE MENTIONED: FURNITURE, LEXINGTON FURNITURE INDUSTRIES; WALLPAPER FABRICS, WAVERLY; RUGS, NOURISON; LAMPS, CURREY & COMPANY; ACCESSORIES, BA DESIGNS; DRAPERY HARDWARE, KIRSCH; PAINT, BENJAMIN MOORE & CO.; SHEETS AND T ELS, FIELDCREST CANNON; COOKWARE, LE CREUSET; SILVERWARE, DISHES AND GLAS DANSK; KITCHEN COUNTERTOP APPLIANCES, KRUPS NORTH AMERICA; BASKETS, PALE BATH PRODUCTS, BARE ESCENTUALS. DEN: BASKET ON OTTOMAN, MAINLY BASKETS; TIQUE WOODEN BOX LEATHERBOUND DETAILS, PAGE 171

Unlike Dena, robots don't notice slight imperfections when making windows.

Which may explain why they don't get as excited about posing with their handiwork.



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high atop our beautifully functional factory

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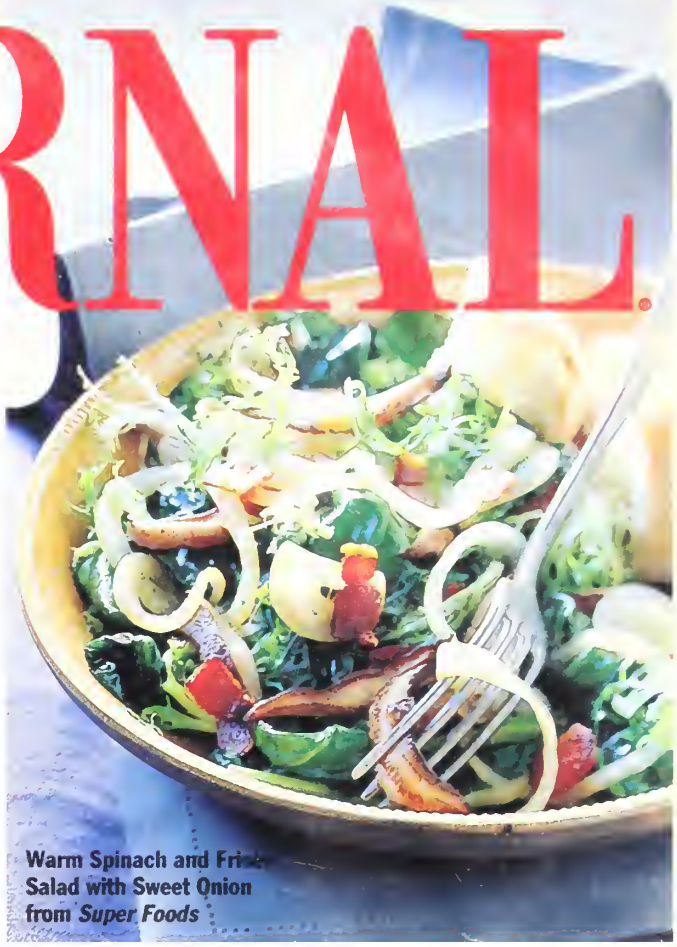
JELL-O

FOOD

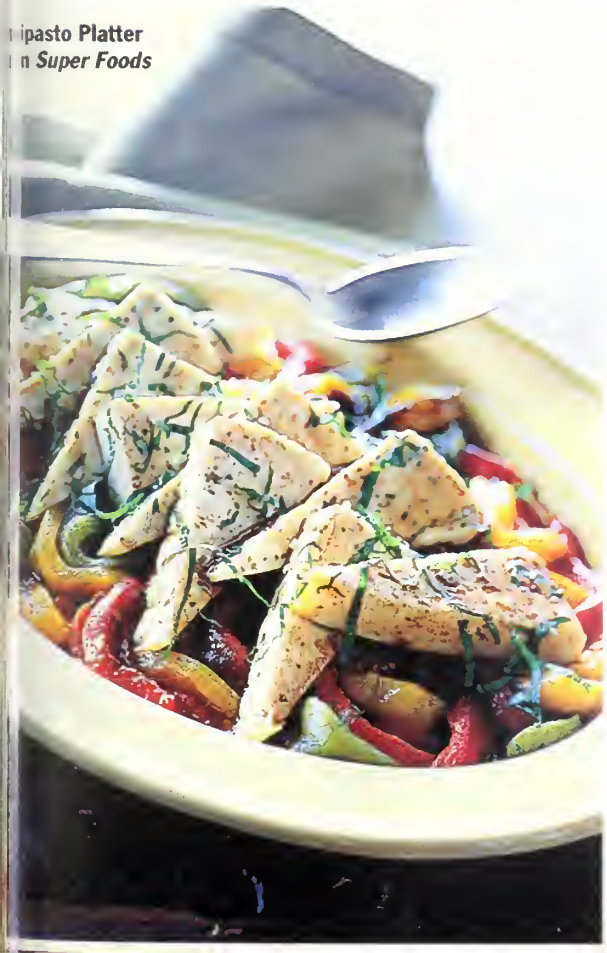
JOURNAL



idual Mud Pies
I Love Pies



Warm Spinach and Fri
Salad with Sweet Onion
from *Super Foods*



ipasto Platter
Super Foods

GOOD TO EAT

Keeping the doctor away can be downright delicious—for proof, just check out our suggestions for flavorful, nutrient-packed meals that are sure to become family favorites. Craving something sweet? We've got the cure for that, too, with recipes from a pie baker par excellence whose love of the craft is truly contagious!

Warm Spinach and Frisée Salad with Sweet Onion

Fastest Recipe Of The Month

To get the maximum helping of onion slices (a good source of allyl sulfides) without overwhelming the greens, half are plunged in boiling water and drained to remove any bitterness, and the other half are lightly cooked.

Total prep time: 25 minutes ○

3 tablespoons plus 1 teaspoon white wine vinegar
1 large (12 oz.) sweet onion, sliced thin
4 ounces pancetta or thick-sliced bacon, diced
4 ounces shiitake or white mushrooms, sliced
¼ teaspoon salt
⅛ teaspoon pepper
2 tablespoons olive oil
1 bag (10 oz.) fresh spinach, trimmed
1 head frisée or chicory lettuce (4 oz.)

1. Bring 1½ quarts water to boil in medium saucepan. Remove from heat; stir in 1 teaspoon vinegar and half the onion slices (reserve remaining onion). Let stand 1 minute; remove onions and drain on paper towels.
2. *Dressing:* Heat skillet 1 minute over medium heat. Add pancetta and cook until crisp. Stir in remaining onion and mushrooms; cook until softened. Stir in remaining vinegar, salt and pepper. Remove from heat; add olive oil.
3. Toss spinach, frisée and onion in large bowl. Toss with warm dressing. Makes 4 servings.

Per serving: 220 calories, 16.5 g total fat, 4.5 g saturated fat, 17 mg cholesterol, 494 mg sodium, 13 g carbohydrates, 8 g protein, 107 mg calcium
5-A-Day: 1½ servings (see page 170)

Individual Mud Pies

These tartlets have a rich chocolate filling.

Prep time: 30 minutes plus chilling ◒
Baking time: 30 minutes

All-Butter Crust
1½ cups all-purpose flour
½ teaspoon salt
½ cup cold unsalted butter
4 to 5 tablespoons ice water

Filling
½ cup butter, cut up
2 oz. unsweetened chocolate
1 oz. semisweet chocolate
1⅓ cups sugar
3 large eggs
3 tablespoons corn syrup
2 tablespoons sour cream
1 teaspoon vanilla extract

Whipped cream and chocolat curls, for garnish

1. *Crust:* Combine flour and salt in bowl. Shred butter int flour (see tip, lower left). Add water until pastry holds together. Flatten into a disk; wrap and refrigerate 30 minute Cut a 5½-inch cardboard circle. On floured surface, roll pastry into a 14-inch circle. Cut out 6 circles, rerolling scraps. Fit into six 4¼-inch individual tart pans with removable bottoms. Trim overhang. Freeze 10 minutes.
2. Heat oven to 400°F. Prick bottom of tart shells and line with foil; fill with pie weights. Bake on cookie sheet 10 minutes. Remove foil and weights from pans. Reduce temperature to 350°F.
3. *Filling:* Melt butter and chocolates in microwaveproof bowl on High 1 to 1½ minutes. Add remaining filling ingredients; whisk until smooth.
4. Pour batter into pastry. Bake 30 minutes. Cool and unmold. Garnish. Makes 6 servings.

Per serving without garnish: 710 calories, 41 g total fat, 24.5 g saturated fat, 191 mg cholesterol, 236 mg sodium, 83 g carbohydrates, 8 g protein, 42 mg calcium

Butter Up

Here's a great way to make your favorite pie dough and biscuits without using a pastry blender. Keep a supply of stick butter in the freezer. Take out the amount specified in your recipe, and, using the large holes of a grater, shred the stick into the flour mixture in a bowl. Complete recipe as directed.



Antipasto Platter

The sliced tofu, high in isoflavones and phytosterols, will remind you of fresh mozzarella.

Prep time: 30 minutes plus standing ○▽
Broiling time: 15 minutes

8 ounces soft tofu
1 teaspoon kosher salt
½ teaspoon oregano
½ teaspoon white wine vinegar
¼ teaspoon pepper
2 red peppers
2 green peppers
2 yellow peppers
⅛ teaspoon salt

Dressing
2 teaspoons balsamic vineg
¼ teaspoon salt
⅛ teaspoon pepper
⅛ teaspoon minced garlic
2 tablespoons olive oil
2 tablespoons sliced fresh basil

1. Place tofu in glass dish; cover top loosely with plastic wrap. Place a plate and a can on top of wrap. Let stand 15 minutes. Uncover; discard liquid. Cut tofu into ½-inch thick slices. Cut each slice diagonally; return to dish.
2. Bring 1 cup water, salt, oregano, vinegar and pepper to boil in saucepan. Pour over tofu; refrigerate.
3. Line broiler pan with foil. Heat broiler. Cut peppers in half; remove seeds. Place skin side up; flatten slightly. Broil 15 minutes until charred. Transfer to bowl; cover and cool. Peel off skin and slice into strips. Toss with salt
4. *Make dressing:* Combine all dressing ingredients. Toss peppers with 1 tablespoon dressing. Arrange on platter. Drain tofu, discard liquid and arrange over peppers. Drizzle tofu with remaining dressing. Makes 4 servings.

Per serving: 125 calories, 9 g total fat, 1 g saturated fat, 0 mg cholesterol, 579 mg sodium, 9 g carbohydrates, 4 g protein, 37 mg calcium
5-A-Day: 2½ servings (see page 170)

Canned fruit for dessert?
hh, time to break out the good china.



on a time canned fruit was thought of as something to serve when you weren't having guests over for ?. Not so anymore. Today canned fruit is being used in gourmet recipes that are elegant and delicious, like this sorbet, made by simply freezing cans of fruit. It's nutritious, it's quick, and it's worthy of your finest china.

What's in a can will surprise you.

Ten-Minute Rainbow Sorbet

oz.) sliced or halved
in heavy syrup
oons lemon juice

opened can of peaches until t 18 hours. Submerge can in hot o 2 minutes. Open and pour processor bowl. Place fruit on cutting surface and cut into chunks. Add to bowl and puree until smooth. Add lemon juice and process until blended thoroughly. Serve immediately or cover and freeze until ready to serve, up to 8 hours. Makes approximately 1.5 cups. Substitute other canned fruits to create a variety of flavors.

For more canned food recipes, write to:

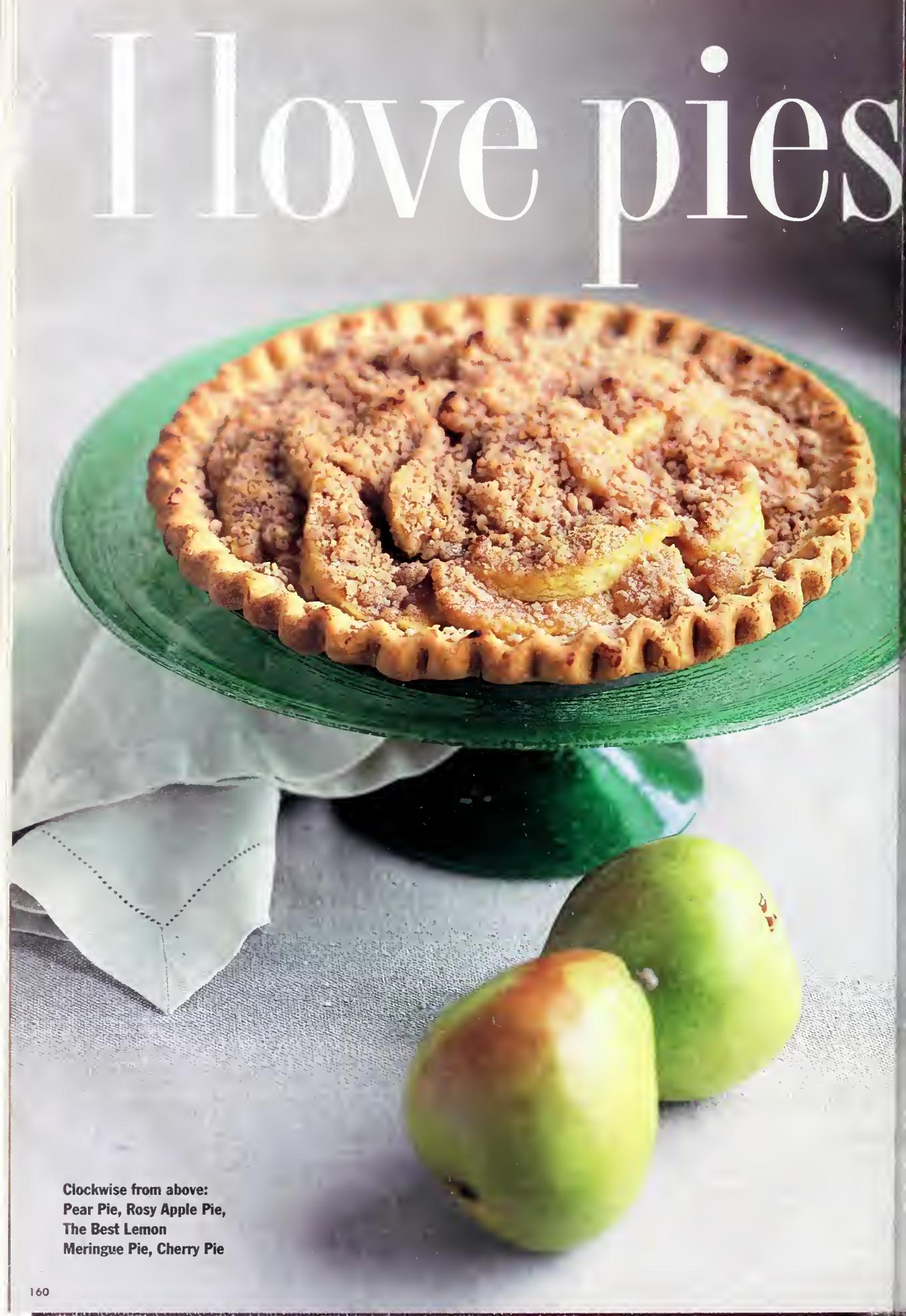
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or visit

www.cancentral.com

Steel Packaging Council. American Iron and Steel Institute.

I love pies



Clockwise from above: Pear Pie, Rosy Apple Pie, The Best Lemon Meringue Pie, Cherry Pie





okbook writer Pat
llard fell head-over-
els for pie baking
kteen years ago and
s been making fillings
d rolling dough ever
nce. Now, she shares
th us her favorite
cipes—for luscious
mon meringue,
rvest apple, Anjou
ar and more



D FROM "PIE EVERY DAY" BY PAT WILLARD COPYRIGHT © 1997 EXCERPTED BY PERMISSION OF QUIN BOOKS OF CHAPEL HILL

I became interested in pies after I married and moved to Ravenna, Ohio, where my husband was a reporter for the newspaper. After a long employment search, I got a job as a waitress at the BarTen, a restaurant known for its good, simple food and the pies baked daily by Betty, the senior waitress.

Her pies were famous. The look on my customers' faces as they ate them made me desperate to learn how to make them. I asked Betty to teach me and, after a few days of wrangling, she slipped me the recipe for her crust and a lemon meringue pie.

I raced home and followed Betty's directions. The pie looked nothing like Betty's, but my husband loved it! I was hooked. I've been baking pies ever since, appreciating what Betty really gave to me: the potency of a delicious tradition passed on from one generation to the next, in the simple making of a pie. —Pat Willard

○ Easy ● Challenging ▼ Low-fat
◒ Moderate ⏲ Microwave ▽ Low-calorie
❄ Can be frozen up to 1, 3, 6, or 9 months

PEAR PIE
Food Editor's Favorite

I love pears, even though the rest of my family doesn't. But my husband and kids will devour this heavenly streusel pie as long as I don't say anything about the pears. The filling is very juicy, so I use a sturdy Hot Water Crust.

Prep time: 30 minutes plus chilling ○
Baking time: 55 minutes

Hot Water Crust
- *⅓ cup boiling water*
- *⅔ cup vegetable shortening*
- *1 tablespoon milk*
- *2 cups all-purpose flour*
- *½ teaspoon salt*

Filling
- *5 large Anjou pears (2¾ lbs.), peeled, cored and thinly sliced*
- *2 tablespoons frozen orange juice concentrate, thawed*
- *1 tablespoon flour (optional)*
- *½ teaspoon grated lemon peel*

Streusel
- *¾ cup all-purpose flour*
- *½ cup sugar*
- *1 teaspoon cinnamon*
- *½ teaspoon grated fresh ginger*
- *Pinch salt*
- *⅓ cup butter, cut into small pieces*

1. *Make Hot Water Crust:* Pour boiling water over shortening in medium bowl; stir with fork until smooth. With fork stir in milk, then flour and salt just until pastry holds together. Gather pastry into a ball; flatten into a thick disk. Wrap and refrigerate 30 minutes. On lightly floured surface, roll pastry into a 13-inch circle. Fit into a 9-inch pie plate and trim overhang to 1 inch; flute edge. Freeze 10 minutes.
2. Arrange jelly-roll pan on center rack in oven. Heat oven to 425°F.
3. *Make filling:* Toss pears, orange concentrate, flour and peel in bowl.
4. *Make streusel:* Combine flour, sugar, cinnamon, ginger and salt in bowl. With pastry blender cut in butter until mixture resembles coarse crumbs.
5. Spoon filling into crust; sprinkle streusel evenly over top. Place pie on jelly-roll pan in oven and bake 15 minutes. Reduce oven temperature to 400°F. Cover pie loosely with foil. Bake 30 minutes. Remove foil; bake 10 minutes more until crust is golden. Cool on wire rack. Serve warm or at room temperature. Makes 8 servings.

PER SERVING		DAILY GOAL
Calories	525	2,000(F), 2,500(M)
Total fat	26 g	60 g or less (F); 70 g or less (M)
Saturated fat	9 g	20 g or less (F); 23 g or less (M)
Cholesterol	21 mg	300 mg or less
Sodium	233 mg	2,400 mg or less
Carbohydrates	70 g	250 g or more
Protein	5 g	55 g to 90 g
Calcium	33 mg	800 mg (F); 800 mg (M)

THE BEST LEMON MERINGUE PIE

Lemon meringue pie should be eaten the day it's baked. You need a fairly strong crust to hold the moist filling, so I use the recipe Betty gave me.

Prep time: 30 minutes plus chilling ◒
Baking time: 40 minutes

Betty's Pie Dough
- *1½ cups all-purpose flour*
- *½ teaspoon salt*
- *½ cup vegetable shortening or cold lard, cut up*
- *3 to 5 tablespoons ice water*

Filling
- *1¼ cups sugar*
- *6 tablespoons cornstarch*
- *2 cups water*
- *½ cup fresh lemon juice*
- *3 large egg yolks*
- *3 tablespoons unsalted butter*

Meringue
- *3 large egg whites*
- *⅛ teaspoon cream of tartar*
- *5 tablespoons sugar, divided*

1. *Make Betty's Pie Dough:* Pulse flour and salt in food processor. Add shortening; pulse just until mixture resembles coarse crumbs. Add water, 1 tablespoon at a time, pulsing after each addition, until mixture just begins to hold together. Gather pastr into a ball; flatten into a disk. Wrap and refrigerate 30 minutes. On floure surface, roll pastry into a 12-inch circle. Fit into a 9-inch pie plate and trim overhang to 1 inch; flute. Freeze 10 minutes.
2. Arrange cookie sheet on center rac of oven. Heat oven to 425°F.
3. Prick bottom and sides *(continue*

8 secrets to perfect piecrust

1. Chill everything. Place the flour in a bowl in the freezer for 15 minutes, or keep a package of flour in the refrigerator just for pies.
2. To measure flour and fat: Use nested measuring cups. Stir flour while still in its canister or package to aerate, then spoon into measuring cup and level off excess with a metal spatula.
3. Use pie plates with dull surfaces, such as glass or ceramic, so heat isn't reflected away from pie when baking.
4. If the pastry cracks while rolling it out, too little water was added—start over from the beginning.
5. If the bottom of the pastry splits before it's filled, patch it by dampening a piece of leftover pastry and press it gently over the hole.
6. If a crust shrinks, you've stretched it too much in the pie plate. Always drape the sides of the pie plate generously with the pastry, and don't pull up on the pastry to flute the edges.
7. To prevent a baked pastry shell from shrinking, before baking prick bottom and sides of pastry shell with fork. Line with foil; add dried beans, uncooked rice or pie weights. Place pastry shell on cookie sheet; bake 15 minutes at 425°F. Remove foil and weights. Reduce oven temperature to 375°F. and continue baking 15 to 18 minutes more.
8. If a crust fails to brown, you've either used too little fat or too much liquid or, when you rolled it out, used too much flour.

If you eat these every day...



You should take this every day.

e smart to eat high
ods like fruit,
les, and whole grains
ay. Fiber is great
heart, helps lower
rol, and decreases
of cancer.
ıe more fiber you eat.
e likely you are
ience gas, pressure,
ating.
s why Maximum
ı Mylanta Gas



was developed. It relieves gas symptoms fast because it goes right to the source of the discomfort and breaks down the gas in minutes.

Nothing works better or faster than Maximum Strength Mylanta Gas. Try it!

Mylanta Gas makes fiber easier to live with.

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of pastry shell with fork. Line with foil; add beans, rice or pie weights. Place pastry shell on cookie sheet; bake 15 minutes. Remove foil and weights. (Reserve for the next pie.) Reduce oven temperature to 375°F. Bake 15 minutes more until crust is golden.
4. *Make filling:* Meanwhile, whisk together sugar and cornstarch in saucepan. Whisk in water, lemon juice and yolks. Bring to a boil over medium heat, whisking constantly, until mixture begins to thicken. Boil mixture 1½ minutes, continuing to whisk gently. Remove from heat; stir in butter until melted. Pour hot filling into prepared crust; cover surface with plastic wrap. Refrigerate 30 minutes.
5. *Make meringue:* Reduce oven temperature to 350°F. Beat egg whites in large mixer bowl on medium-high speed until frothy. Beat in cream of tartar. Increase speed to high; add 4 tablespoons sugar, 1 tablespoon at a time, beating to stiff peaks.
6. Uncover filling. Spread meringue over top, being sure to spread to edge of pastry to seal. Sprinkle with remaining 1 tablespoon sugar. Bake 10 minutes until meringue is golden. Refrigerate 1 hour before serving. Makes 8 servings.

Per serving: 450 calories, 19.5 g total fat, 8.5 g saturated fat, 104 mg cholesterol, 162 mg sodium, 65 g carbohydrates, 5 g protein, 17 mg calcium

ROSY APPLE PIE

This is such a beautiful pie when it's sliced. The tapioca and raspberries make a sauce around the apples. Plus, the Butter and Lard Crust offers the best of two worlds—the flavor of butter and the flakiness from the lard.

Prep time: 35 minutes plus chilling
Baking time: 55 minutes

Butter and Lard Crust
3 cups all-purpose flour
¼ cup sugar
Pinch salt
½ cup unsalted butter
⅓ cup cold lard, cut-up
6 to 8 tablespoons ice water

Filling
5 large Golden Delicious or Rome apples (2¾ to 3 lbs.), peeled, cored and sliced (about 8 cups)
1 package (10 oz.) quick-thaw frozen raspberries in syrup
2 tablespoons apple cider
1 cup sugar
2 tablespoons quick-cooking tapioca
1 tablespoon unsalted butter

1. *Make Butter and Lard Crust:* Combine flour, sugar and salt in bowl. With pastry blender, cut in butter and lard until mixture resembles coarse crumbs. Add ice water 1 tablespoon at a time, tossing with a fork, until mixture just begins to hold together. Gather pastry into a ball. Divide into 2 balls, one slightly larger than the other. Flatten into 2 disks; wrap and refrigerate 30 minutes.
2. Meanwhile, combine apples and raspberries in Dutch oven. Bring to boil over medium heat; add cider. Remove from heat; stir in sugar, tapioca and butter until butter melts.
3. Arrange a jelly-roll pan on center rack of oven. Heat oven to 425°F.
4. On lightly floured surface, roll larger pastry disk into a 12-inch circle. Fit into an 9-inch pie plate; trim overhang to 1 inch. Spoon filling into pastry shell. Roll remaining pastry into a 9-inch circle. With a fluted pastry cutter, cut pastry into ½-inch-wide strips. Arrange strips in a lattice pattern on top of filling; flute edge.
5. Place pie on jelly-roll pan in oven. Bake 40 minutes. Cover edges of pastry loosely with foil and bake 15 minutes more until filling is bubbly in center. Makes 8 servings.

Per serving: 600 calories, 22 g total fat, 11.5 g saturated fat, 43 mg cholesterol, 34 mg sodium, 97 g carbohydrates, 5 g protein, 21 mg calcium

CHERRY PIE
Indulgent But Worth It

This is my mother's recipe. A true cook of the fifties, she swears by canned products. The Buttermilk Crust is slightly tangy but complements fruit fillings well.

Prep time: 25 minutes plus chilling
Baking time: 70 minutes

Buttermilk Crust
3 cups all-purpose flour
2 tablespoons sugar
1½ teaspoons salt
½ cup unsalted butter, cut up
6 tablespoons cold vegetable shorteni
½ cup buttermilk

Filling
3 cans (14½ to 16 oz. each) tart cherries
1½ cups sugar
⅓ cup all-purpose flour
Pinch salt
2 drops red food coloring (optional)
2 tablespoons butter, cut up
2 tablespoons kirsch (optional)

1. Pulse flour, sugar and salt in foo processor until combined. Add butt and shortening and pulse until mixture resembles coarse crumbs. Gradually add buttermilk through fu tube, pulsing just until mixture begi to hold together. Gather pastry into ball; divide into 2 balls, one slightly larger than the other. Flatten into 2 disks. Wrap and refrigerate 30 minutes.
2. *Make filling:* Drain cherries, reserving ½ cup juice. Whisk togeth sugar, flour and salt in saucepan. Whisk in reserved cherry juice. Brin to boil over medium heat; boil, stirring, 2 to 3 minutes until slightly thickened. Remove from heat; stir i cherries, food coloring, butter and kirsch. Cool.
3. Arrange a jelly-roll pan on center rack of oven. Heat oven to 425°F.
4. On a lightly floured surface, roll larger pastry disk into a 12-inch cir Fit into a 9-inch pie plate, leaving a ¾-inch overhang. Spoon filling into pastry. Roll remaining pastry into a 10-inch circle; place on top of fillin Press edges of pastry together; trim and flute. With small knife, cut decorations from scraps and place c top of pie. Cut vents in top.
5. Place pie on jelly-roll pan and ba 15 minutes. Reduce oven temperatu to 375°F. Bake 55 minutes more u filling is bubbly. Makes 8 servings.

Per serving: 685 calories, 25 g total fat, 11.5 g satura fat, 39 mg cholesterol, 459 mg sodium, 112 g carbohydrates, 7 g protein, 49 mg calcium

The Best Pie In America Contest

Ladies' Home Journal is looking for the all-time best dessert pie in America. If one in your repertory—a fruit or berry pie, a cream pie—could fill that bill and it's got a great story behind it, you could win $1,000! Just mail us your original recipe along with a brief account of its origin (no more than 250 words). Also send us a photograph of yourself. Entries must be postmarked by November 1, 1997.

The five best entrants will receive an all-expenses-paid trip to New York City in summer 1998 (sorry, spouses or guests are not included) to take part in the LHJ Best Pie In America Baking Finals, to be held in the LHJ state-of-the-art test kitchen, and judged by a panel of experts. The $1,000 Grand Prize–winning recipe—and the four runners-up—will be featured in our November 1998 issue! See page 178 for official contest rules and instructions.



How does
great American cook
Pati Mitchell grill
fantastic flavors into
a festive, family meal?

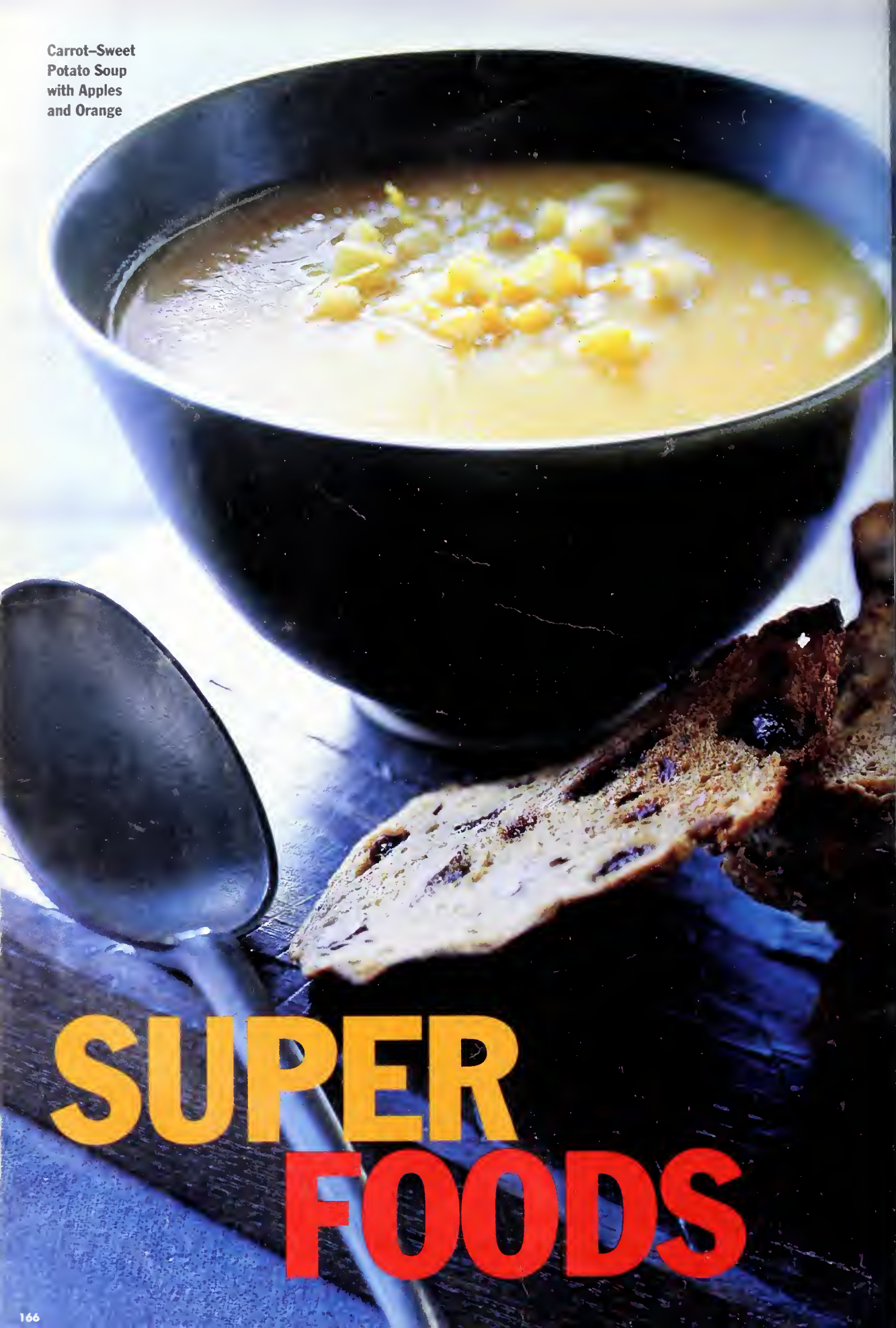


Mitchell's Garlic Chicken

ate 8 skinless, boneless **chicken breast** in 1/4 cup **crisco® vegetable** the juice of 2 **lemons** and the zest of one, 8 finely minced **garlic cloves**, **thyme**, **parsley**, **oregano**, **chives**, **salt** and **pepper**. Refrigerate ight. Remove **chicken** and discard marinade. Grill **chicken** with slices of **h vegetables** that have been drizzled in **crisco oil** and sprinkled with **salt** **epper**. Garnish with **roasted garlic**, **herb sprigs** and **lemon slices**. Enjoy!



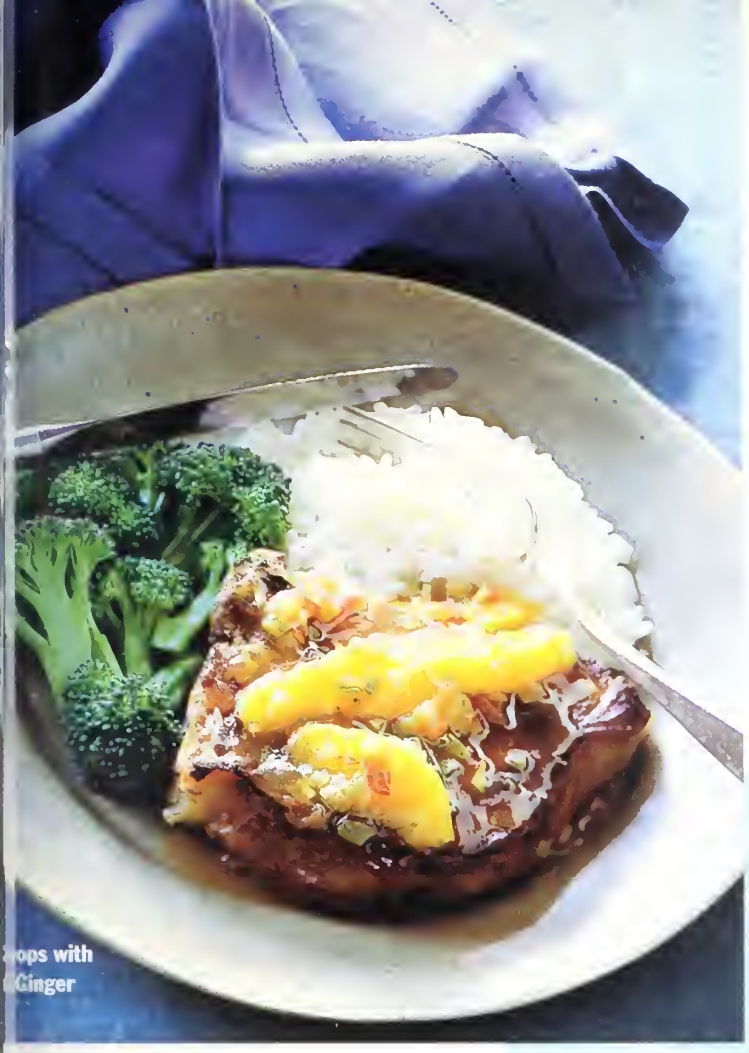
GREAT MEALS
start here



Carrot–Sweet Potato Soup with Apples and Orange

SUPER FOODS

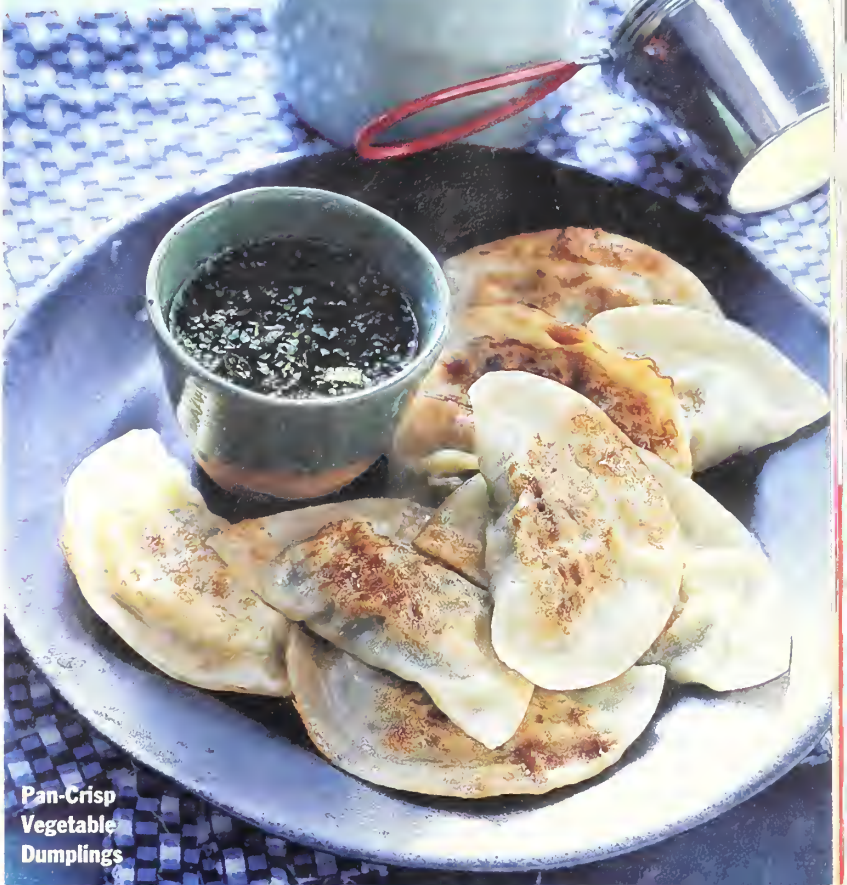
Nature's best defense for staying healthy? Phytochemical- and vitamin-rich fruits and veggies. Here, great ways to give your family the nutrition they need—and keep them smiling, too



ops with
Ginger



Penne with Tomato-Meat Sauce



Pan-Crisp Vegetable Dumplings

○ Easy ● Challenging ▼ Low-fat
◒ Moderate ⏲ Microwave ▽ Low-calorie
❄ Can be frozen up to 1, 3, 6, or 9 months

CARROT–SWEET POTATO SOUP WITH APPLES AND ORANGE

Budget Recipe of the Month

This carrot soup gets its delicate flavor from the diced apple and citrus peel sprinkled over each serving. All three ingredients are high in flavonoids.

Prep time: 25 minutes ○ ▼
Cooking time: 25 to 30 minutes

3 tablespoons butter or margarine, divided
1 medium onion, chopped
1½ pounds carrots, sliced
2 Golden Delicious apples
3 cans (13¾ or 14½ oz. each) chicken or vegetable broth
2 medium sweet potatoes, peeled and diced
2 bay leaves
⅛ teaspoon allspice
2 teaspoons grated orange peel
¼ cup fresh orange juice

1. Melt 2 tablespoons butter in large Dutch oven over medium heat. Add onion and cook 2 minutes until softened. Stir in carrots and cook 3 minutes. Peel and dice 1 apple. Stir in the peeled apple, broth, 1 cup water, sweet potatoes, bay leaves and allspice. Bring soup to boil; reduce heat, cover and simmer 20 to 25 minutes, until vegetables are tender.
2. Meanwhile, finely dice remaining apple. Melt remaining 1 tablespoon butter in small skillet over medium heat. Add apple and cook, stirring, 5 minutes until softened. Stir in orange peel; remove from heat.
3. Remove bay leaves from soup. Puree soup in blender in batches. Transfer each batch to a large bowl, then return to Dutch oven. Stir in orange juice; simmer 5 minutes until heated through. Ladle soup into six serving bowls; divide and top each with apple mixture. Makes 6 servings.

PER SERVING		DAILY GOAL
Calories	255	2,000(F), 2,500(M)
Total fat	8.5 g	60 g or less (F); 70 g or less (M)
Saturated fat	3.5 g	20 g or less (F); 23 g or less (M)
Cholesterol	16 mg	300 mg or less
Sodium	1,132 mg	2,400 mg or less
Carbohydrates	42 g	250 g or more
Protein	4 g	55 g to 90 g
Calcium	62 mg	800 mg (F); 800 mg (M)

5-A-Day: 2 servings

PORK CHOPS WITH ORANGE-GINGER SAUCE

Our juicy pork chops are topped with orange, one of the few foods rich in terpenes. Broccoli on the side adds an extra shot of flavonoids. *(cont...*

THE GOOD "PHYTE"

Vegetables and fruits are some of the most effective natural preventive medicines around. In addition to being loaded with vitamins, they contain numerous phytochemicals (phyto is Greek for plant). These compounds work together to help ward off cancer, heart disease and other chronic illnesses.

Phytochemicals	Where they're found	What they do
ALLYL SULFIDES	Onion, garlic, shallots, leeks and chives	Appear to help the body detoxify cancer-causing chemicals and inhibit tumor development.
FLAVONOIDS	Carrots, tomatoes, peppers, broccoli, cabbage, citrus fruits and peel, berries, apples, grapes, tea and red wine	Act as antioxidants to prevent the formation of sticky plaque in the arteries and inhibit arterial blood-clot formation.
INDOLES and ISOTHIOCYANATES	Broccoli, cabbage, cauliflower, kale, brussels sprouts, bok choi, collards, rutabagas and all cruciferous vegetables	Thought to protect against cancers of the breast, colon and ovaries by stimulating enzymes that can help neutralize carcinogens.
ISOFLAVONES and PHYTOSTEROLS	Products made from soybeans, such as tofu, soy milk, miso and tempeh	Can lower elevated cholesterol levels and are thought to reduce the risk of breast cancer by mimicking the effects of estrogen. Researchers are currently investigating how soy foods alleviate the symptoms of menopause.
LYCOPENE	Tomatoes and all tomato products. The body absorbs the most lycopene from cooked tomato products when combined with a small amount of fat.	A powerful antioxidant in the carotenoid family that seems to reduce the risk of cancers of the prostate and digestive tract.
TERPENES	Citrus fruits (particularly the peel) and cherries	Increases production of protective enzymes that can help rid body of certain carcinogens.

—Michele Peters


Allyl Sulfides


Flavonoids


Indoles and Isothiocyanates


Isoflavones and Phytosterols


Lycopene


Terpen

80% of Americans say they miss the favorite foods they grew up with. Consider this a reunion.



favorites done in a whole new way™

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Prep time: 30 minutes ○
Cooking time: 12 to 15 minutes

Ginger Sauce
1 tablespoon Asian sesame oil
1 tablespoon minced garlic
1 tablespoon minced fresh ginger
1 celery rib, finely chopped
1 jalapeño chile, minced with seeds
1 cup finely diced tomato
1 cup low-sodium chicken broth
2 tablespoons red wine vinegar
2 tablespoons sugar
1 tablespoon soy sauce
1 tablespoon cornstarch

2 teaspoons vegetable oil
4 center-cut pork chops (1½ lb.)
¼ teaspoon salt
⅛ teaspoon freshly ground pepper
2 oranges, peeled and sectioned
1 package (16 oz.) fresh broccoli florets, cooked according to package directions
2 cups cooked rice

1. Heat oven to 400°F.
2. *Make Ginger Sauce:* Combine sesame oil, garlic, ginger, celery and jalapeño in medium saucepan. Cook over medium heat 2 minutes. Stir in tomato, broth, vinegar, sugar and soy sauce. Bring to a simmer; cook 5 minutes. Meanwhile, dissolve cornstarch in 1 tablespoon cold water in small bowl. Stir cornstarch mixture into sauce; bring to a boil, stirring constantly. Boil 1 minute. Remove sauce from heat.
3. Heat oil in large ovenproof skillet over medium-high heat 1 minute. Sprinkle both sides of chops with salt and pepper. Cook chops 4 minutes; turn and cook 3 minutes more until browned. Transfer skillet to oven. Bake chops 5 to 8 minutes, until cooked through.
4. Transfer chops to heated platter; cover and keep warm. Pour off any excess fat from skillet and discard. Add orange segments to skillet; cook 1 minute. Add sauce and bring to boil. Pour over chops. Serve with broccoli and rice. Makes 4 servings.

Per serving without rice: 400 calories, 19 g total fat, 5.5 g saturated fat, 76 mg cholesterol, 530 mg sodium, 27 g carbohydrates, 32 g protein, 130 mg calcium
5-A-Day: 1½ servings

PAN-CRISP VEGETABLE DUMPLINGS
Test Kitchen Favorite

Also known as pot stickers, these dumplings (packed with indole- and isothiocyanate-rich cabbage) are cooked in a nonstick skillet until crisp and golden on the bottom, then steamed until moist and tender on top.

Prep time: 35 minutes ◒ ▼ ▽ ❄1
Cooking time: 4 to 5 minutes per batch

1 medium carrot, sliced
1 green onion, sliced
1 clove garlic
1 teaspoon minced fresh ginger
5 cups chopped napa or Chinese cabbage
2 tablespoons chopped fresh cilantro
1 tablespoon soy sauce
½ teaspoon Asian sesame oil
⅛ teaspoon salt
⅛ teaspoon freshly ground pepper
Cornstarch
*40 gyoza or wonton wrappers**

Dipping Sauce
3 tablespoons soy sauce
1 tablespoon rice wine vinegar
1 tablespoon thinly sliced green onion
¼ teaspoon grated fresh ginger
1 teaspoon chopped fresh cilantro
½ teaspoon sugar

4 teaspoons vegetable oil, divided

1. Process carrot, green onion, garlic and ginger in food processor, pulsing until finely chopped. Transfer to large bowl. Add cabbage in batches to food processor and pulse 7 or 8 times until finely chopped. Transfer to bowl with carrot mixture. Stir in cilantro, soy sauce, sesame oil, salt and pepper.
2. Line cookie sheet with wax paper and dust lightly with cornstarch. Dissolve 2 tablespoons cornstarch in 2 tablespoons water in small bowl. Spread 8 gyoza wrappers in single layer on work surface. Place 1 tablespoon filling in center of each wrapper; brush edge of wrapper lightly with cornstarch mixture. Fold wrappers in half, pressing edges to seal (if using wonton wrappers, press opposite corners to form a triangle). Transfer to prepared sheet. Repeat process with remaining wrappers and filling. *(Can be made ahead. Wrap well and freeze up to 1 month.)*
3. *Make dipping sauce:* Combine all ingredients with ¼ cup water in bowl.
4. Heat 1 teaspoon oil in large nonstick skillet with lid over medium-high heat. Add 10 dumplings (thawed if frozen) and cook 2 to 3 minutes until crisp and browned. Add ¼ cup water. Cover and cook 2 minutes until liquid evaporates. Transfer dumplings to heated platter. Cover and keep warm. Repeat process 3 more times with remaining dumplings, cooking each batch with 1 teaspoon oil. Serve with dipping sauce. Makes 40 dumplings.

*AVAILABLE IN THE PRODUCE SECTION OF THE SUPERMARKET AND ASIAN MARKETS

Per dumpling: 35 calories, 0.5 g total fat, 0 g saturated fat, 1 mg cholesterol, 157 mg sodium, 6 g carbohydrate, 1 g protein, 14 mg calcium
5-A-Day: 1 serving (8 dumplings)

PENNE WITH TOMATO-MEAT SAUCE

This recipe makes a big batch of lycopene-rich tomato sauce. The small amount of ground pork and veal enriches the sauce's flavor.

Prep time: 15 minutes ○
Cooking time: 41 to 50 minutes

1 tablespoon olive oil
1 medium onion, finely chopped
1 celery rib, finely chopped
1 medium carrot, finely chopped
¼ pound crimini or white mushrooms, chopped
½ pound ground veal
¼ pound ground pork
3 tablespoons tomato paste
2 cans (28 oz. each) Italian plum tomatoes, chopped, with reserved liquid
¼ cup red wine *(continued)*

FIVE-A-DAY: WHAT'S THE SCORE?

Five years ago, the National Cancer Institute and the Produce for Better Health Foundation launched the Five-A-Day campaign with the goal of getting all Americans to eat at least five servings of fruits and vegetables every day. How are we doing? Grown-ups are doing better than kids and teens. Adults have increased their fruit and vegetable consumption to four and one half servings per day, just shy of the recommended minimum. In that same time period, children increased their average consumption by just one third serving a day, leaving them still one and one half servings below where they should be.

Meeting the goal really isn't so hard because a serving is smaller than you might think, such as: a medium-size apple, orange or banana, ¾ cup (6 oz.) of 100% fruit or vegetable juice, ½ cup cooked or canned vegetables or fruit, 1 cup of salad greens, ½ cup dry peas or beans, or ¼ cup dried fruit. A serving can come from fresh, canned, frozen or dried fruits and vegetables. Remember, variety is the key. —M. P.

ERFOODS

ued

aspoons salt
spoon freshly ground pepper
nutmeg
chopped fresh basil
nd penne or ziti pasta, cooked
ecording to package directions

oil in large Dutch oven over
im heat 1 minute. Add onion,
and carrot; cover and cook
utes until softened. Stir in
rooms; cover and cook 3
es. Increase heat to medium-
stir in veal and pork. Brown
minutes, breaking up meat
poon. Stir in tomato paste; cook
minutes. Stir in tomatoes with
, wine, salt, pepper and nutmeg.
to a boil; reduce heat and
r, stirring frequently, 30
es; stir in basil. *(Can be made*
Cool. Freeze in airtight container
2 months.) Makes 8 cups. Toss
s with hot pasta. Makes
ings.

ng: 580 calories 9 g total fat 2.5 g saturated fat
olesteral 763 mg sodium 98 g carbohydrates,
ein 97 mg calcium
serv ngs

s by Michele Peters, R.D.

JOURNAL SHOPPING CENTER

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TO ORDER: Send your name and street address along with a check or money order to: *Ladies' Home Journal* Resources, Dept. L0997, P.O. Box 9381, Des Moines, IA 50306-9381. MasterCard and Visa users may call 800-763-6393. Please specify Pumpkin Carving Kit.

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DE THE JOURNAL KITCHEN

new monthly feature, "Dinner On The Double," will help you
e that weeknight dilemma: What's quick and delicious to
:? Our no-fuss recipes call for flavor-packed, ready-to-use con-
venience foods. And, they take no more than 15 minutes to prep and 30 minutes to cook. Count on it!

Our logo symbolizes 114 years of first-rate delicious recipes, triple-tested in the LHJ kitchen, and our commitment to quality as we bring dependable information—and tastes—to your table

)inner On The Double



ICKEN WITH CREAMY GRAVY

am of chicken soup does double
: in a savory gravy and as a
orful substitute for milk in the
hed potatoes.

p time: 10 minutes
king time: 30 minutes

unds small red potatoes, cut into ¾-inch chunks
'er
it-up chicken (3 to 3½ lb.)
up chopped shallots
up white wine
an (10¾ oz.) condensed cream of chicken soup
¼ teaspoon freshly ground pepper
Cooked spinach

1. Bring potatoes, 2 teaspoons salt and enough water to cover the potatoes to boil in saucepan. Reduce heat, cover and simmer 20 minutes until tender.
2. Meanwhile, heat 12-inch nonstick skillet over medium-high heat. Add chicken, skin side down, and cook 5 minutes, until well browned. Turn; cook chicken 4 minutes; push chicken to one side of skillet. Add shallots and cook 2 minutes more. Add wine; cook 30 seconds. Stir in soup and ½ cup water. Cover and simmer 20 minutes until chicken is cooked through.
3. Drain potatoes; return to pot. Remove ¼ cup gravy from skillet; mash with potatoes, ¼ teaspoon salt and pepper.
4. Divide chicken pieces on 6 serving plates. Spoon gravy over top. Serve with mashed potatoes and spinach. Makes 6 servings.

Per serving without spinach: 540 calories, 28.5 g total fat, 8 g saturated fat, 129 mg cholesterol, 987 mg sodium, 33 g carbohydrates, 36 g protein, 42 mg calcium

ecipe Index

is a listing of recipes in this issue.
tisers' recipes are underlined.

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Add even more fruit to your meal.



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BEST PIE IN AMERICA CONTEST—OFFICIAL RULES

Continued from page 164

NO PURCHASE NECESSARY. 1. On a 3½x5-inch postcard, print or type the following information: your name, address, city, state, ZIP code, phone number and name of pie. Provide your signature. Attach the recipe, typed or printed on one side of a sheet of paper. Ingredients should be listed in the order in which they are used, and oven settings must be clearly stated. All entries must be original and not previously published. Attach to the recipe the story about the pie's origin and the part that it plays, if any, in your family gatherings (no longer than 250 words, typed and double-spaced) and include a recent photograph of yourself (photographs will not be returned). One entry per family or household allowed.

2. Mail entry to LADIES' HOME JOURNAL, The Best Pie In America Contest, 125 Park Avenue, New York, NY 10017. All entries must be postmarked no later than November 1, 1997. No responsibility is assumed for lost, late, incomplete or misdirected mail. The prize awarded in any prize-notification letter returned as undeliverable or not responded to within ten (10) days of receipt shall be awarded to an alternate winner.

3. The contest is open to any resident of the U.S. who is 18 years of age or older, except employees of Meredith Corporation, its agencies, affiliates and subsidiaries and their immediate families.

4. The prizes: Five finalists will be chosen and brought to New York City summer 1998 (includes meals, transportation, flight and hotel). The finalists will each receive a prize memento (approximate retail value $35), a restaurant dinner and theater ticket (both to be designated by LADIES' HOME JOURNAL at an estimated retail value of $200). The finalists will participate in the LHJ Best Pie In America Baking Finals to be held in the LADIES' HOME JOURNAL test kitchen. After the judges have selected the Grand Prize–winner, he or she will be awarded $1,000 in addition to the aforementioned prizes.

5. All entries and materials submitted become the property of LADIES' HOME JOURNAL and will not be returned or acknowledged. The five finalists' recipes will be selected by editors at LADIES' HOME JOURNAL based on the recipes' taste, clarity of directions and originality of history and/or story. The Grand Prize–winning recipe will be selected by a panel designated by LADIES' HOME JOURNAL. All decisions of the judges are final.

6. The five finalists will be notified by mail on or about spring 1998. Finalists must be available for the New York City trip and must consent to be available at the request of LADIES' HOME JOURNAL to participate and render services in photography/taping sessions and media interviews, except where prohibited. Entrants also agree by entering the contest to grant LADIES' HOME JOURNAL the right to use the entrant's entry, name, photos and voice in connection with editorial, public relations, promotional and advertising purposes, unless prohibited by law. The finalists must sign an affidavit of eligibility, a Publicity Release (except where prohibited) and an Assignment of all rights in the entries to LADIES' HOME JOURNAL within 10 days of notification or an alternate finalist will be selected. The Publicity Release authorizes the use of the recipient's name. Finalists' recipes will be published in the November 1998 issue (subject to change). LADIES' HOME JOURNAL reserves the right to edit and abridge upon publication recipes as necessary. All rights, including all rights of copyright in and to prize-winning entries, will belong and may be exercised by LADIES' HOME JOURNAL.

7. All federal, state and local laws and regulations apply. Void where prohibited. Applicable taxes are the sole responsibility of award recipients. Prizes are not exchangeable or transferable. No substitution of prizes except at the discretion of LADIES' HOME JOURNAL. For a list of winners (available after November 1998), send a separate self-addressed, stamped envelope to LADIES' HOME JOURNAL, The Best Pie In America Contest Winners List, 125 Park Avenue, New York, NY 10017.

MELANIE IN LOVE

Continued from page 138

and highs like *Working Girl*, for which she garnered an Academy Award nomination. Her lovelife has been no less dramatic. When she was fourteen in 1972, she met Don Johnson on the set of *The Harrad Experiment*. They got married in 1976, and divorced a year later. Griffith then married actor Steven Bauer, Alexander's father, in 1980. That marriage had ended by 1987. In 1989 she remarried Johnson, and gave birth to Dakota. Their stormy, on-again, off-again alliance finally ended in 1995.

Griffith had been in therapy, and learned a new perspective that changed her life. "My therapist said that when going through life, you come to a fork in the road. You go to the right and you go up these peaks and into the valleys but you end up back at the same fork. After doing this several times, finally you say, I'm going to go the other way and try the unknown," she says.

There is no question that her newfound confidence grows from the trust she has with Banderas. "When Antonio and I are apart, I don't worry that he's being unfaithful; I worry that he's all right. *That's* a big difference in my life," she says pointedly. But what about those tabloid reports that had Griffith scampering to the *Evita* set to keep Banderas out of Madonna's clutches? "What about just wanting to *be with your husband*?" she says, bristling. Griffith crosses her suntanned legs and fires up a cigarette. "If somebody is going to go off with somebody else, one would have an inkling that he was *that type* of person. I'm not going to put myself in that position ever again. I went through that already." The declaration seems to hang in the air with the billow of smoke she exhales.

After the last hectic schedule, which had Griffith in Los Angeles shooting the murder mystery *Reasonable Doubt* while Banderas was working on *Zorro* in Mexico, the couple has agreed not to let work separate them. So, this fall in *(continued)*

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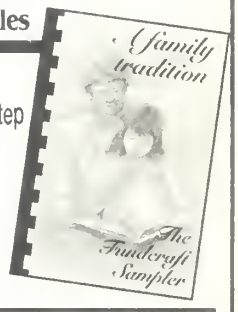


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MELANIE IN LOVE

Continued

Vancouver, Banderas will be shooting Michael Crichton's *Eaters of the Dead* while Griffith is filming *Jane*, the first movie from Green Moon. "It's about a mom who comes home one day to find her husband sleeping with the nanny," says Griffith. "But it's a comedy; it's about life after that."

Despite her dedication to her career, Griffith's family is clearly her priority. "When you are an actress, it's all about *you*," she admits. "What's more important to me now is how I'm affecting my three kids."

That's why the actress likes to keep her children with her, no matter how tricky the logistics. And they can get tricky. "The kids see Don a lot," says Griffith. "We share time. And Alexander sees his father [who lives in Miami] whenever he can."

Griffith and Banderas split their time between Los Angeles and Spain. Since Banderas' family speaks no English and Griffith is just learning Spanish, what's it like at her in-laws'? "It's funny, actually," she says, "they're great! He must have two hundred relatives in Spain—his mother had sixteen siblings."

Perhaps because of all the jetting about, Griffith savors the simple pleasures of parenting. Even putting the kids to bed can be fun. "We have this ritual where we all get into bed at eight-thirty and watch TV and have playtime," she says.

Not that child rearing is totally stress-free. Just the other night Alexander discovered a not-so-nice Web site dedicated to his mother. "It said that I'm a terrible actress and had rude comments about my voice," says Griffith. "I wrote the guy back, saying why should my son read something horrible about his mother from someone who doesn't even know her?" she says. The guy never responded.

But like any parent, Griffith feels that there are certain battles she can't fight. "The whole girl thing is starting with Alexander. I don't know how it will be with my daughters. Having been a very wild child myself, I am a little concerned." What is the one thing she wants her daughters to know about love? "To value themselves first," she answers immediately. "Because you lose yourself if you jump into love before you don't know who you are. If the other person goes out of your life, you are left with is a shell of yourself," she says, with a sudden far-away look in her eyes.

Speaking of her kids, it's time to go bicycle shopping. One last question: What does Melanie like best about herself? "My ability to survive maybe—" She stops, and giggles at how this sounds. It is vintage Griffith. She smiles and corrects herself. "Not my ability to *maybe* survive, *maybe* that's the answer."

Her half-sister, Tracy, would have to agree. "There's a phrase in Hollywood: 'You have to have the heart of a child and the hide of a rhinoceros,'" she says. "Melanie has both, and she's able to use which one she needs." ●

HOW I GOT GORGEOUS

Continued from page 150

and even the TV sportscaster, it seemed, shut up for a moment. For months my husband and I had been trying to get seated in the main room of a fashionable restaurant; when I looked Ivana-esque, I didn't even need to beg. ("We've had a cancellation," the maître d' breathily explained, seating us in a booth despite a seething mob of impatient diners at the door.)

I must say, my effect on men made me forget all the tedium associated with my transformation.

My husband was the first non-stranger to lay eyes on the New 'n' Improved me. His jaw dropped so hard, he couldn't say anything for several minutes; then he didn't know what to say, lest by raving over my new look he insult me for all the years I looked like a fishwife. Each time he met my eyes, he glanced away, as if fearful of retina damage. "Wow," he finally said, exhaling. "Wow."

Then there was my man at the pump, Mark. Having bought at least seven thousand gallons of gas from this guy over the past seven years, I was under the impression he knew me. But no.

"I recognize the truck," he offered, bewildered.

I took off my Jackie–O sunglasses.

"Whoa!" he said, throwing up a hand. "Sheeze! You should look like that every day!"

My girlfriends, whom I met at a diner, also raved over my new look, but I sensed a new tension among us, like I'd broken that unspoken pact of looking equally dreadful. I also experienced moments of pure hostility from other members of my own gender. For instance, after my husband and I breezed our way into that prized restaurant, we dangled drinkless for twenty minutes while our waitress determined just how best to punish me for my manipulation of the maître d'. When she finally took our order, she practically spat on me.

My ego couldn't help but swell as more and more people confirmed my celebrity status. On a tour of the supermarket later that afternoon, I stared people right in the eye, reveling in the power to make them look away first—if they dared look at me at all. How could I shouldn't have been caught so off guard when one of the cashiers confronted me. "Are you . . . Somebody?" she asked with a hopeful look. "Should we know you?"

Who do you think I am? I should have said in my haughtiest voice. But I'm no actress, even when I look like one. "No," I mumbled, color rising in my temples. "You don't know me."

She kept searching my face, as though it might yet yield the answer she craved. Then she nodded and went back to her register.

Clearly, I'd let her down.

Not so the driver of a passing car whom I saw at the train station when picking up my husband. I stopped him dead in his tracks merely by opening my door and shimmying down to the pavement. *(continued)*

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HOW I GOT GORGEOUS

Continued

"AB-SO-LUTE-LY BEAUTIFUL!" said the driver, leaning out his window to get a better gander. "HE EVER LEAVES YOU, YOU CALL ME, Y'HEAR?"

My reviews weren't all raves, however. When I picked up my older two kids at school, they practically ran away from me.

"Eee-wwww!" wailed Chase, my second-grader. "WHAT HAPPENED TO YOU, MOM?"

"Are you always gonna look that way?" sulked Kathryn, who is six.

And when I greeted my two-year-old at home, he backed away. "Scared," said Ian, drawing on his monosyllabic vocabulary. "Scared."

They had good reason to be upset. Mom had been replaced by a woman who wouldn't hug them for fear of a muddy shoe on her expensive suit, and who wouldn't kiss them for fear of smudging her lipstick. What had been fun for me was clearly no picnic for my children. When I broke a nail trying to tie my son's shoelace, we were all shocked at the alien that spoke through my mouth. "NOW LOOK WHAT YOU MADE ME DO!" it screamed. "DO YOU KNOW HOW *EXPENSIVE* THESE WERE!?!"

When my makeup and heels finally came off, everyone was somewhat relieved. My husband, to whom the domestic duties had fallen, perceived there were some lovable things about a woman who doesn't worry about her nails. My kids calmed down, although the blond hair reminded them I was not yet fully restored to my role as part of the woodwork. And I will admit I was ready to slouch a bit. The thought of not having to tiptoe around on high heels all day overwhelmed me with gratitude for my sneaker-suited lifestyle.

But I am not the same woman I was. For starters, my morning routine now includes lipliner and brow pencil, because I got too attached to these features of mine to allow them to revert to insignificance. I'm favoring tailored slacks over leggings, which suddenly strike me as the absolute nadir of fashion. I rise ten minutes earlier in order to have time to fuss over my gorgeous hair.

And come Saturday night, you should see me primping for my weekly dinner date with my husband. I go the whole nine yards now, even if it is the 'burbs and everybody looks like she's just come out of a Kmart. For the movie we went to, I re-created my hair and makeup, and wore a slinky Lycra dress I'd bought at Saks.

"You're not from around here," said the guy tearing tickets at the door, his eyes fixed on the floor.

"Sure I am," I said, taken aback.

"No," he insisted, holding my stub, gesturing at the milling crowd. "You're not one of them."

Then he smiled at me. "You're someone . . . special," he added.

I smiled right back. Damn right, I thought. ●

Melinda Marshall's last piece for the Journal chronicled having a baby on the living-room floor.

HOW MUCH DO YOU EAT?

Continued from page 147

serving of grains to her diet. ("I'm not a grain eater," she confesses.) Good solution: Slice that half a banana over a bowl of oatmeal and have a glass of orange juice.

Although Cox does well in the dairy department, she's eating too much salt for someone who has borderline high blood pressure. Ward recommends cutting back on salty foods like the ham Cox sometimes eats. She must also up her vegetable intake. Just adding a few slices of tomato to her sandwiches and starting off dinner with a small spinach salad would help. "When you have small children you just grab what's there," says Cox. Make sure that includes radishes, carrots or celery.

HALFWAY HABITS

Meals like the tilapia fish, with a side of couscous and steamed green beans that Adrienne Montare had one night, are right on target. But Montare, a thirty-six-year-old architect from Columbia, South Carolina, should also watch the fat, which accounts for more than 30 percent of her total calories. Since she hopes to lose 10 pounds, cutting fat will help her cut calories: Right now she's topping out at about 1,900 a day. Easy fixes: Instead of sautéing fish in butter, use a spritz of nonstick cooking spray; rather than tossing the steamed (a good start!) green beans in olive oil, try a little rice vinegar.

The excessive fat in her diet is also due to the downfall of many working moms: fast food. "Sometimes it's just easier to drive through Burger King," says Montare. Okay, says Ward, but at least skip the french fries; opt for skinless chicken-breast sandwiches when you can, and if you must have a hamburger, don't toss the bun (a habit, Montare admits, she's had since college). "A lot of people still have the idea that high-carbohydrate foods are fattening, but the bun is a bit healthier than the hamburger," says Ward.

In the evening Montare indulges in a nightly cup of chocolate chocolate-chip ice cream. Go ahead and have dessert, Ward says, but switch to something healthier. A low-fat frozen yogurt would be a good replacement. One serving would have about 300 calories and 26 grams of fat without losing much calcium. Drinking a glass of low-fat or skim milk and having a carton of yogurt each day will help protect Montare's bones, as will stacking the diet with more calcium-rich vegetables, such as beet and turnip greens, kale and broccoli.

Another thing Montare can do for bone strength—and overall health—is to start exercising. Since she moved to South Carolina from New York City a year ago, she has let her activity level lapse, but she's hoping to get moving again. "Especially for weight loss," says Ward, "exercise is a must." ●

Daryn Eller, a freelance writer in Santa Barbara, California, specializes in diet, fitness and health reporting.

Learning From Others' Diet Mistakes

Browne, Montare, Ludwig and Cox have bravely put their plates on view to provide a lesson in the balance between food and weight. But these four women
n take comfort in the fact that
ey're not alone: Like them, we all
ve genetic tendencies to add pounds
certain speeds and in certain
aces. And most of their dietary
ibles are exceedingly common—you
obably fall victim to them, too. The
llowing simple steps can help solve
mmon diet pitfalls.

Some dietary weak spots were visible
the untrained eyes of the four
omen as soon as they wrote them on
per. Writing down what you eat (if
u resist the urge to cheat) helps you
ce up to what you're really eating.
y to update your diary after each
eal, and be sure to include how much
each food you eat. You can take
ur sheets to a nutritionist for advice.

Like most women, these four hardly
er got the five-a-day servings of
uits and vegetables recommended by
e National Cancer Institute. *(For
ore information, see "Five-A-Day:
hat's the Score?" page 170.)*

esides providing a host of disease-
eventive vitamins and minerals,
uits and vegetables are full of fiber,
hich keeps you full on fewer calories.
convenience is an issue, consider
is: "It takes less time to microwave
getables than to cook a frozen
zza," points out Callaway.

Switching to low-fat and skim dairy
oducts is a well-known way to
enderize a fatty diet that a few of our
ary-keepers have adopted. Like them,
ost of us still need work to get the
o to three servings of dairy we need.

Beware of too many calories in fat-
den snacks. The root of this
edicament lies in skipping balanced
eals. "Skipping breakfast or eating
ly a few calories almost invariably
ts one up to get hungry after lunch,"
ys Callaway. On one day, for
stance, Cox had a full breakfast and didn't snack the rest of the day. On the next, she had only half a banana in the morning—and cookies and candy in the afternoon.

There may be a good biological explanation: Some studies show that when animals are underfed, they experience a rise in an appetite-stimulating brain chemical, which makes them more likely to continue eating after their next meal. The same probably goes for humans (it hasn't been tested on people because you can't measure our brain chemicals).

Try to eat one quarter of your calories per meal. Then go ahead and have a snack or two—since you won't be ravenous, it'll be easier to choose something nutritious.

- Follow Ward's advice to the four women and work in at least six servings of grains each day. The fiber, which most Americans are short on, helps prevent colon cancer and keeps us full longer. A serving is just one slice of wheat bread or a half cup of cooked brown rice.
- Montare and Ludwig do well in their meat choices, but Cox and Browne and you should switch to low-fat sources of protein, such as lean red meats, white-meat poultry without the skin, seafood and legumes (beans and peas). The trick is not to add fat-filled oily or creamy sauces.
- Keep your intake of sugary foods to a minimum (except for fruit). Even those that are boldly labeled *fat-free* can have a truckload of calories from sugar.
- Drink at least eight glasses of water a day to stay hydrated and give yourself a feeling of fullness. Try always keeping a glass or bottle with you at your desk or in the car. Limit your intake of alcohol and caffeinated beverages—both are dehydrating and provide calories without many nutrients.
- Exercise as often as you can—even if it's in small bits during the day. This is proven to be the best thing you can do not only to burn calories but to keep them off. Try twenty-five jumping jacks before your morning shower and twenty crunches every evening when you get home. —D.E.

LADIES' HOME JOURNAL

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What Grandma Knows

If it's learning you want, try the library. But if you're looking for wisdom, call your grandmother

By Alice Hoffman

Between men and women, love is not only blind, but stupid. Oh, sure, love has a sense of humor, but the punch line is usually sex, money, despair or kids, and none of these is particularly funny. Here's how you test if love is real. Broil a chicken and invite the man over. Cook badly. Even if you're already a bad cook, make it worse. Feed him and see what he says. A complaint means he's thinking about himself and always will. A compliment means he'll never make a living. But a man who says, "Let's go to a restaurant," now *he's* a real man.

Don't kid yourself—nothing lasts forever. This can be a plus if you buy on credit and drop dead before payments are complete. It's a minus if you purchase, say, a horse, or a washing machine, and it dies or breaks down and there you are, still paying out monthly installments. When something doesn't last forever, you can wail and moan or thank your lucky stars. After all, would you rather be stuck with a bill for a dead horse or get the best of the seller from your grave?

Don't ever do what I did. Don't marry for love. The one I picked, when I fixed the chicken dinner to test him, he simply pushed the plate away. He was so lovesick, he didn't eat! I should have known this kind of man would wind up sleeping on sunny afternoons, stretched out on the couch, with a smile on his face so sweet no woman with half a heart would dare to wake him.

If men believe the proper use of a screwdriver means a higher intelligence level, fine, good luck to them. When you have a baby you'll know a secret no man can ever know. You may forget it later but for a little while you will know that within yourself you hold another's life. This puts the ability to use a screwdriver in its proper place.

If you ever lose a child, you know the other side of the truth. You'll understand what it means to be destroyed and still get up every day and fill the kettle with water. You will see steam from the kettle and weep. Insist nothing is wrong. A piece of dirt flew up and lodged beneath your eyelid. If you show your grief, it won't go away. If you keep it secret, it won't go away. But there may be an hour when you don't remember. An evening when the sky is blue as ink. Whisper your baby's name. Then be quiet. If you're lucky, you'll hear the name said back to you every time you close your eyes.

Always accept apologies. It won't hurt you to be gracious, and no one knows what you're thinking. Wear an apron when you cook. A scarf around the neck, plus tea and lemon and whiskey, will cure anything. Don't be so snotty about taking food home from restaurants. Why do you think doggie bags were invented?

Being old is not what you think. You feel the same. You are the same. The woman beside you is the girl she once was. Remember that. Remember me.

Advice from Lillie Lulkin, 1903-1987. Alice Hoffman's most recent novel is "Here on Earth" (Putnam, 1997). Her first children's book, "Fireflies" (Hyperion), publishes in October.

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OCTOBER 1997



SEINFELD'S JULIA LOUIS-DREYFUS

Talks about Jerry, her new baby, and what drives her crazy about Elaine

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Talk With h's Best Friend

Old Do You Look?

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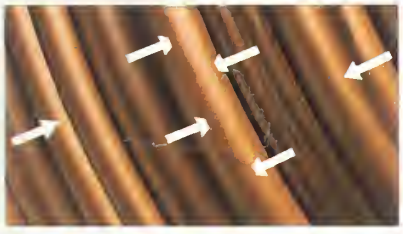
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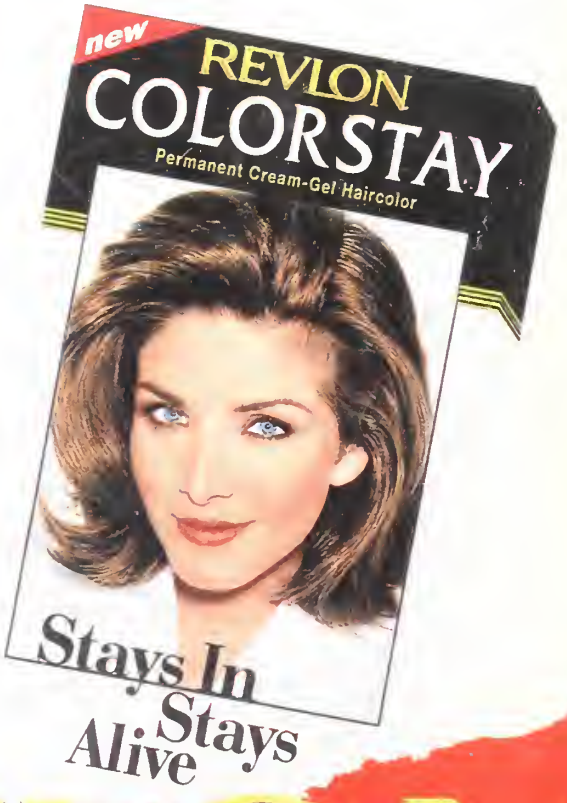
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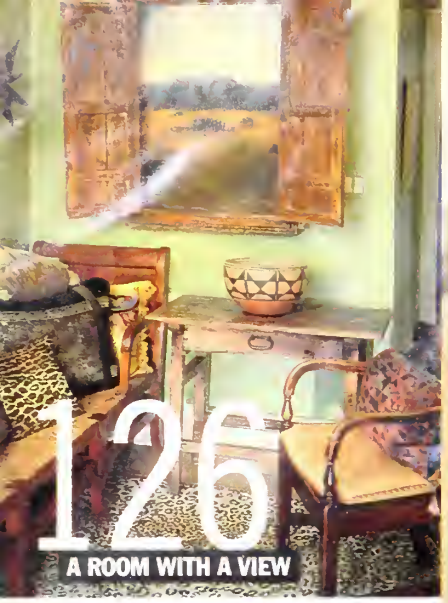
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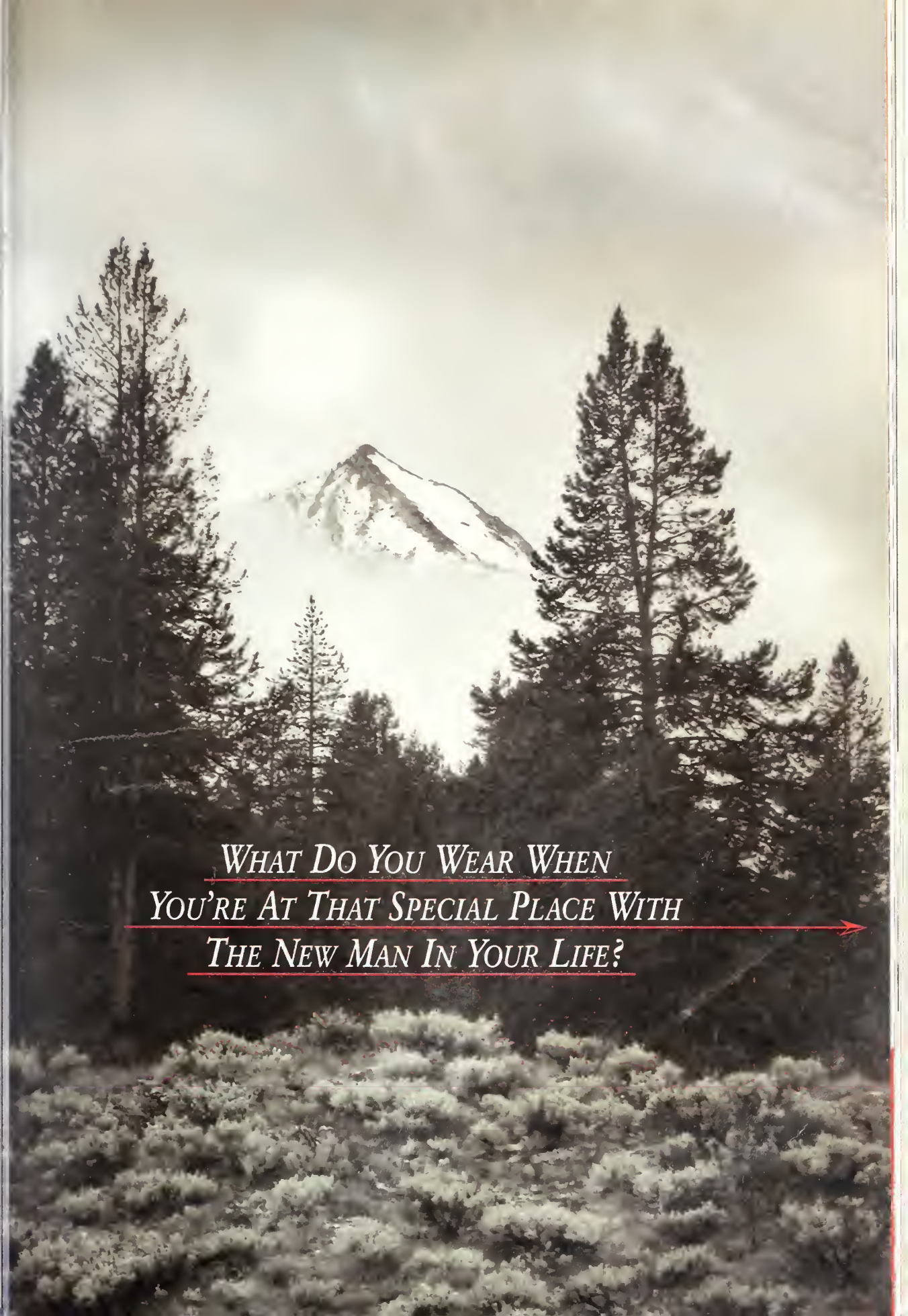
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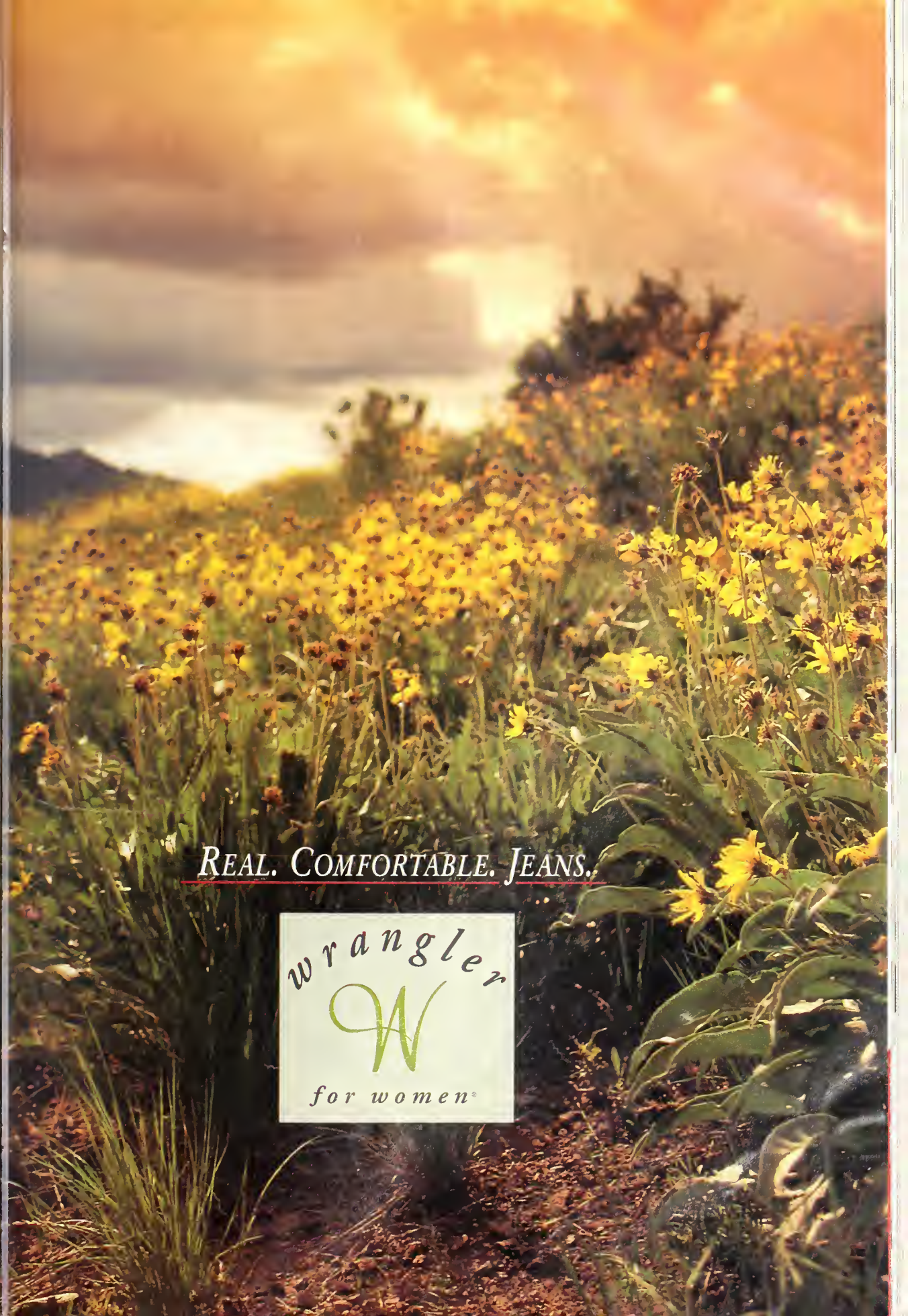
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Welcome to our Web Site



Ladies' Home Journal is relaunching our Web site and, trust me, you will want to log on. Even if you are a technophobe, you'll find (http://www.lhj.com) both user friendly and useful. (Personally, I'm not a technophobe—according to my sons, I'm more of, well, a technofool!) Seriously, what we are doing on the Web is just what we do in the magazine—inform, entertain and inspire you. We want a real women-to-women site, and I think that's what we have achieved.

First of all, join us for a serialized version of "Can This Marriage Be Saved?" which will feature a Live Chat on September 24, from 8 P.M. to 10 P.M., E.T. It's an opportunity for you to talk about marriage problems and solutions with Drs. Paul and Evelyn Moschetta, New York marriage counselors who handle many of our "Can This Married Be Saved?" cases.

When it comes to looking good, you'll find even more personalized information based on this issue's makeup story "Your True Colors." On the Web, Beauty and Fashion Director Lois Joy Johnson gives you how-to tips on the colors that are just right for you.

What's for dinner? If you sign up on our site, you can get a daily E-mail with an easy recipe for that night's supper. Also on the site this month you'll find a cookbook of thirty easy recipes that cook up in thirty minutes or less.

And we're not leaving out the fun. After you read our cover story, log on to watch some video clips of Julia Louis-Dreyfus's favorite moments as Elaine. I told you this Web site (http://www.lhj.com) was one that a technopro, a technophobe—and even us technofools—can have fun with.

Also, don't forget this is breast-cancer-awareness month. We are pleased to be working with the American Cancer Society to offer you a free breast-self-exam shower card. Please order yours today, toll-free, at 888-227-5552. For your family and yourself, do a monthly breast self-exam. Early detection could save your life.

MYRNA BLYTH
Editor-in-Chief

100 Most Important WOMEN



Pages from the diary that touched the world's heart

Anne Frank 1929–1945

"No one will be interested in the unbosomings of a thirteen-year-old schoolgirl." So reads the red-and-white notebook Anne Frank would fill during the years she and her family spent in hiding in Nazi-occupied Amsterdam.

Anything but uninteresting, Anne's diary stands as perhaps the single most poignant human document of history's most inhuman event, the Holocaust.

After their hiding place was revealed by an informer, Anne, her sister and parents were sent to the death camp at Auschwitz. She ultimately died of typhus and starvation at another camp, Bergen-Belsen, in 1945.

Only her father survived. He recovered her diaries and had them published in the Netherlands, fifty years ago. Since then, Anne's work, characterized by her statement, "In spite of everything I still believe that people are really good at heart," has touched millions.

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MEET OUR CONTRIBUTORS



Susan Blumenthal, M.D., M.P.A.

The Assistant Surgeon General and Deputy Assistant Secretary for Health reviews the latest findings on diagnosis, prevention and treatment in "8 Things You Need to Know About Breast Cancer" (page 118). "The Clinton administration is waging an all-out assault against breast cancer that is saving lives," she says.



Judith Newman

"'Vanity of vanities, all is vanity' may be an ancient proverb, but it's the last thing a man wants to believe about himself," says Newman, who exposes the opposite sex's obsession with looks in "He's So Vain" (page 152). Newman is a contributing editor at *Allure* and has an upcoming story in *New York* magazine.

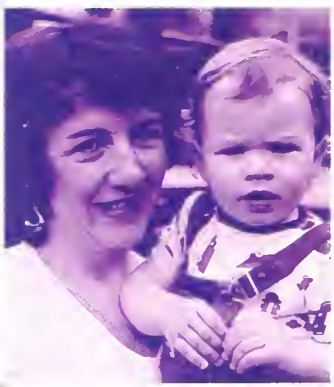


Bruno Gaget

This French-born photographer has made a name for himself as a fashion, beauty and celebrity photographer for *Vogue* and *Self*. This month, we feature his work in "Your True Colors" (page 182), a guide to the stronger, bolder makeup shades that are the season's hot sellers. Gaget has a studio in New York City.

Andrea Rock

In "How Private Is Your Private Life?" (page 144), this award-winning investigative journalist (shown here with son Chad) uncovers the myriad ways criminals can access your personal files. "The technological advancements that have made communication easier have similarly made it easier to spy on others," says Rock, a senior writer at *Money* magazine.





Sharon W. Linsker

These days, women have more options in the workplace, says Linsker, author of "The New Rules for Getting Ahead" (page 92). "Many companies now offer new policies that provide greater job flexibility without requiring you to make significant sacrifices."

LADIES' HOME JOURNAL

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CAN THIS MARRIAGE BE SAVED?



"He Never Wants To Make Love"

Amy has tried everything from sexy lingerie to romantic vacations, but Seth always seems to have a headache

By Margery D. Rosen

AMY'S TURN

"With my husband, there's *never* any right time to have sex," says a furious and depressed Amy, thirty-seven, a lawyer who works for a city environmental agency. "If I had my way, we'd make love three or four times a week—like we did when we were first married. Seth was a wonderful lover, even though I was usually the one to initiate sex.

"The problem started right after our first child was born. We have two boys—Michael is six; Kevin, three. When the doctor gave me the green light to have sex after my six-week checkup, Seth had no interest. Six years later, it's the same dance every night. I reach over to touch him in bed, and he pushes my hand away and mumbles some excuse: He's too tired, he had a hard day, the kids will wake up. Sometimes he'll give in, but I know he's just going through the motions.

"I've tried everything: renting X-rated videos, buying sexy nightgowns. Nothing works. Seth usually just clams up—once in a blue moon he'll explode, and we'll get into a screaming fight. And then maybe we'll end up making love. But I don't want to have to beg my husband to make love to me, or pick a fight in order to get sex.

"When Seth started to reject me, I blamed myself. I thought he didn't find me attractive anymore—I had gained about thirty pounds. So I went on a diet and styled my hair the way I used to wear it. I did everything I could to look exactly as I did before I had the baby. It made no difference.

"Maybe Seth just stopped thinking of me as a sexual being. I'm not one to let anything go without a discussion, but whenever I sit Seth down and pour my heart out, he simply nods off. Can you imagine? It would be comical if it weren't so tragic.

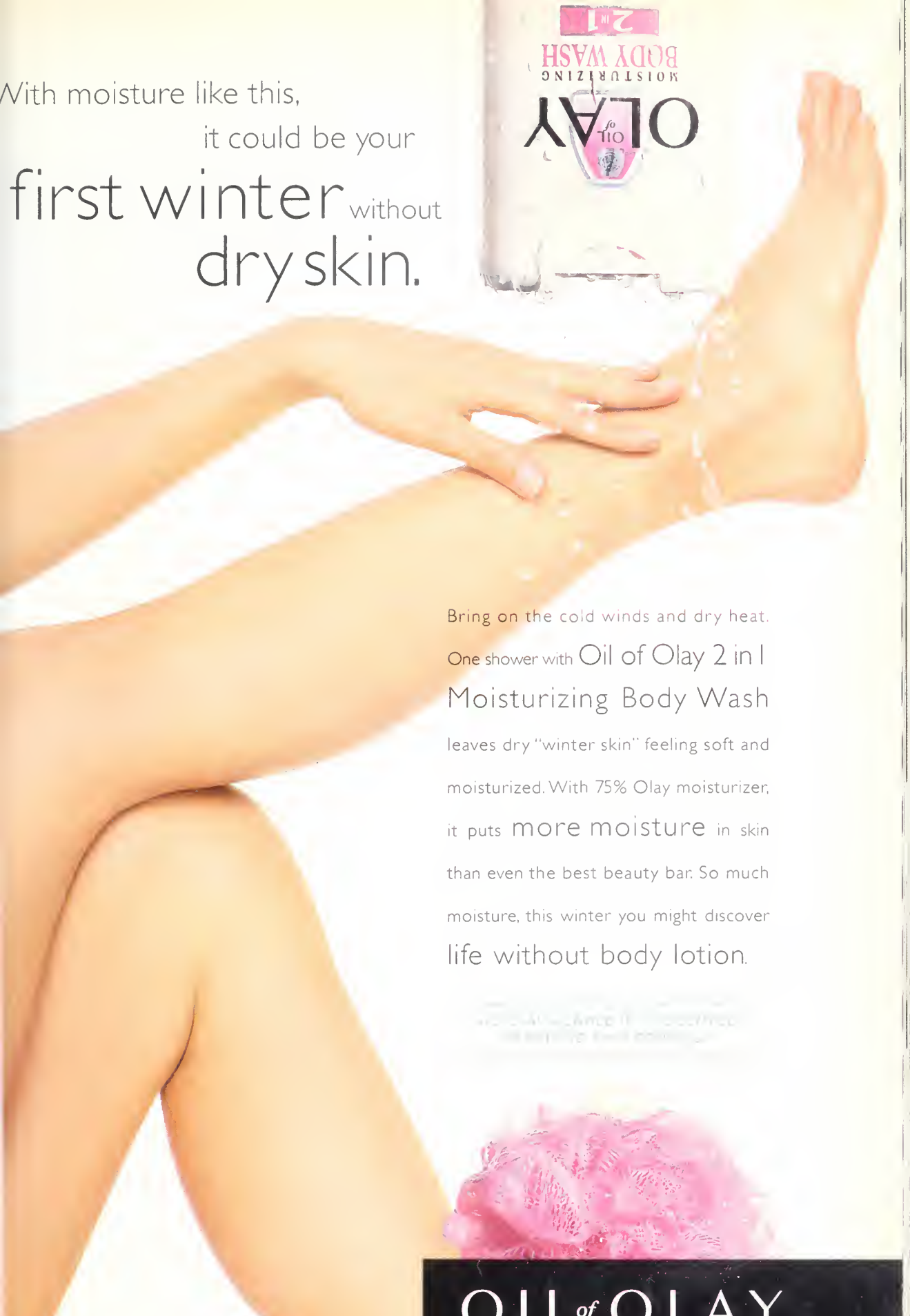
"I grew up in a very traditional Italian home. My brother always had so much freedom, while every move I made was scrutinized. My father, who worked for the post office, was unbelievably critical and demanding. He was also very smart and musical, and he could actually be quite funny. But he was horrible to my mother: I'll never forget, when I was about eleven, he came into my room and handed me the key to the safe-deposit box. He said my mother was too stupid to hang onto it.

"Though I made straight A's in school, my father didn't hesitate to undercut just about everything I said or did. There were *(continued)*

THE MOST POPULAR, most enduring women's magazine feature in the world. This month's case, about a couple struggling with differing sex drives, is based on interviews with clients and information from the files of Suki Hanfling, M.S.W., founder and director of the Human Sexuality Clinic at McLean Hospital, in Belmont, Massachusetts. The story told here is true, although names and other details have been changed to conceal identities.

"CAN THIS MARRIAGE BE SAVED?" IS A REGISTERED TRADEMARK OF MEREDITH CORPORATION

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(continued) constant, subtle messages that I could never do anything right. I love my dad, but more than anything I did not want to marry a man like him.

"My mother was your basic housewife: cooking, cleaning, talking on the phone—that was her life. Mother and I have always had a very prickly relationship, and she still says things like, 'Look what a wonderful husband you have, Amy; he does everything for you'—always with the implication that I don't deserve it.

"After law school I went back to Boston, got my own apartment and started working for the city's environmental protection agency. I met Seth at a bar where I had gone with friends after work. He was looking at me the whole night, but he didn't have the nerve to start a conversation. So on my way back from the ladies' room, I marched up and said, 'Well, when are you going to talk to me?' We dated for six months, and on my birthday he proposed.

"We were able to resolve problems so easily then. Now, I find myself constantly nagging. Seth likes the fact that I work, but he is not willing to do his share. He's a wonderful father, and he does do a little laundry. But the big stuff? Forget it. Do you know how often I have asked him to fix the porch steps? How about the time he asked me to make a casserole for the Boy Scout dinner, and when we got to the empty gym, he remembered the date had been changed?

"But what hurts me the most is that I feel duped. If I had known then what I know now, I don't think I would have married him."

SETH'S TURN

"Amy is just too much," says Seth, thirty-nine, a handsome man who works as a manager at an electric company. "She's too pushy, too demanding. In the beginning, I was captivated by all that energy. Now, she's worn me down.

"Even as a teenager, I never had the sex drive Amy has. She wants it all the time—several nights a week—whether or not I'm in the mood. When we were first married, I was turned on by her wanting sex so much, but even then it was hard to keep up.

"I can't make love on demand—or when I'm worried about work or the bills, or when she's screaming at me because I haven't done one of a thousand things on her list.



The way Seth and Amy treated each other outside the bedroom determined what went on inside

"Amy is a tough taskmaster. We've been restoring our old Victorian house ever since we got married, and she expects it to be done yesterday. If it takes longer than I thought to fix the porch because it's full of termites, she hits the roof. She makes a federal case out of everything. So maybe I got the date wrong for that dinner. It's not the end of the world.

"Most of all, she expects me to do her bidding in bed. You have no idea how many times I've made love when I really didn't want to. It's not that I don't think Amy is sexy, but I have so much on my mind that sex is just not a priority.

"The boys delight and enchant me, but being a parent is tougher than I thought. And for a few years, I was floundering professionally. Some nights I still feel as if I have the weight of the world on my shoulders.

"My folks are first-generation Irish Catholic. There were seven kids—I was the second youngest. I don't remember my dad being around all that much, but my mother was very overprotective. One of my older brothers died of a brain tumor at five. Less than six months later, I contracted rheumatic fever and was in the hospital for two months. I had a relapse when I was nine and another when I was fourteen; I still take medication.

"I became a bit of a loner. School was a struggle, but I managed to graduate from college with a teaching degree. I have a gift for working with kids. But when I met Amy, I was at a low point because I had recently lost a teaching job I loved due to cutbacks.

"I made the worst possible career choice: I went to work for my father, even though we never got along. Both he and my mother were alcoholics—functioning drunks. Dad owned two auto-body shops, but he was a terrible businessman. He needed someone to get the place in order. I figured I'd try, but working with a man I could never please was hell. *(continued)*


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(continued) "At the time, I was still living at home to save money, even though I was almost thirty. One night my mother told me it was time for me to stop moping around and start socializing. I noticed Amy the minute I sat down at the bar. I couldn't tell whether she was with anyone—not that I would have had the nerve to talk to her. When she finally came over, we hit it off immediately. It sounds melodramatic, but she made me feel alive again.

"It was at Amy's urging that I mustered the courage to quit working for my dad. My brother-in-law had connections with the electric company, and he helped me get my foot in the door. I've been there ten years now, and I love it.

"But I can't come home every night to a wife who doesn't hesitate to tell me I'm letting her down in every area of our life. When she treats me like dirt, I withdraw. Amy's whole family is so emotional—when they're mad, they explode; five minutes later, they're hugging you and urging you to sit down to a huge feast. When I'm upset, I brood until the issue gets resolved.

"You know, it wasn't easy coming here. I think we're both committed to the marriage, and we're nuts about our kids. But I feel like I'm walking on eggs to please her."

THE COUNSELOR'S TURN

"This was a classic role reversal," said the counselor. "Amy's sexual appetite was much stronger than her husband's, though the passion of the early years masked this. Unfortunately, neither understood that even in the best marriages, it's impossible for a couple's needs, sexual or otherwise, to coincide all the time.

"I explained to this couple that the most common cause of lack of sexual desire is anger. Indeed, it was my suspicion that Seth—the child of two alcoholics, who grew up lacking in confidence and never really trusting those around him—was finding it difficult to stand up to his articulate, demanding wife. Unable to express his hurt and fury, he withheld sex as a subconscious payback for the way Amy treated him. It became one of his weapons—in much the same way that he never got around to fixing the porch or paying the bills.

"A sensitive and kind man, Seth prided himself on being the involved father his own dad never was, but he'd begun to feel overwhelmed. Even in bed, he found it difficult to put aside his worries. His wife's badgering made matters worse.

"But Amy was furious and anguished: She focused her disappointment about her marriage on their unsatisfying sex life. In her eyes, Seth could do nothing right—and she didn't hesitate to tell him. And when he rebuffed her, she felt unattractive.

"Having grown up with a father who made her feel inadequate, Amy vowed she would never marry a man like Dad. But she never dealt with her anger toward her father. Instead, she took on the characteristics she least liked about him: This allowed her to distance herself from her mother, but her need to control was destroying their marriage.

"Seth wondered if his medication was blocking his sex drive; a visit to a physician confirmed this possibility, so he switched to another drug. However, in therapy, he admitted that he masturbated regularly. 'That lets out a lack of sexual desire,' I told them, 'but there are obvious marital issues here. It takes far more work emotionally to make love to someone else than it does to masturbate.'

"Seth described how hard it was for him to stay organized, to remember to do things and follow through with plans he started. We spent weeks discussing how he could handle things more efficiently. As he began to finish tasks long left undone, one major area of friction between them eased. Meanwhile, they agreed that if Amy asked him to do something, they'd set a deadline and she wouldn't bring it up again. If the task was left undone, she'd call a repairman.

"Seth also discovered that some concrete steps, such as writing in his personal appointment book that he was going to make love that night, helped him get in the mood. 'Thinking about sex during the day got me primed for the evening,' he said.

"As the tension eased, the door toward greater empathy was nudged open. While Amy kept pulling the conversation back to the bedroom, I told her that if she wanted her sex life to improve, she had to, paradoxically, stop zeroing in on it. 'The way the two of you treat each other outside the bedroom determines what goes on inside,' I explained. 'And just as you feel entitled to a rich and rewarding sex life, he's entitled to say no.'

"Gradually, Amy accepted the fact that her husband wasn't programmed for sex the way she was—and that this was not a personal attack on her. I taught them massage and touching techniques that did not include intercourse, which further helped him. Amy enjoyed the creative ways he touched her, and once she stopped pressuring Seth, she found that time spent cuddling often led to sex. Instead of focusing on what she was not getting from her husband, Amy began to think about how much things have changed. 'Now I'm thinking quality,' she says, 'not quantity.'" •

LADIES' HOME JOURNAL Online

Let's Talk About It

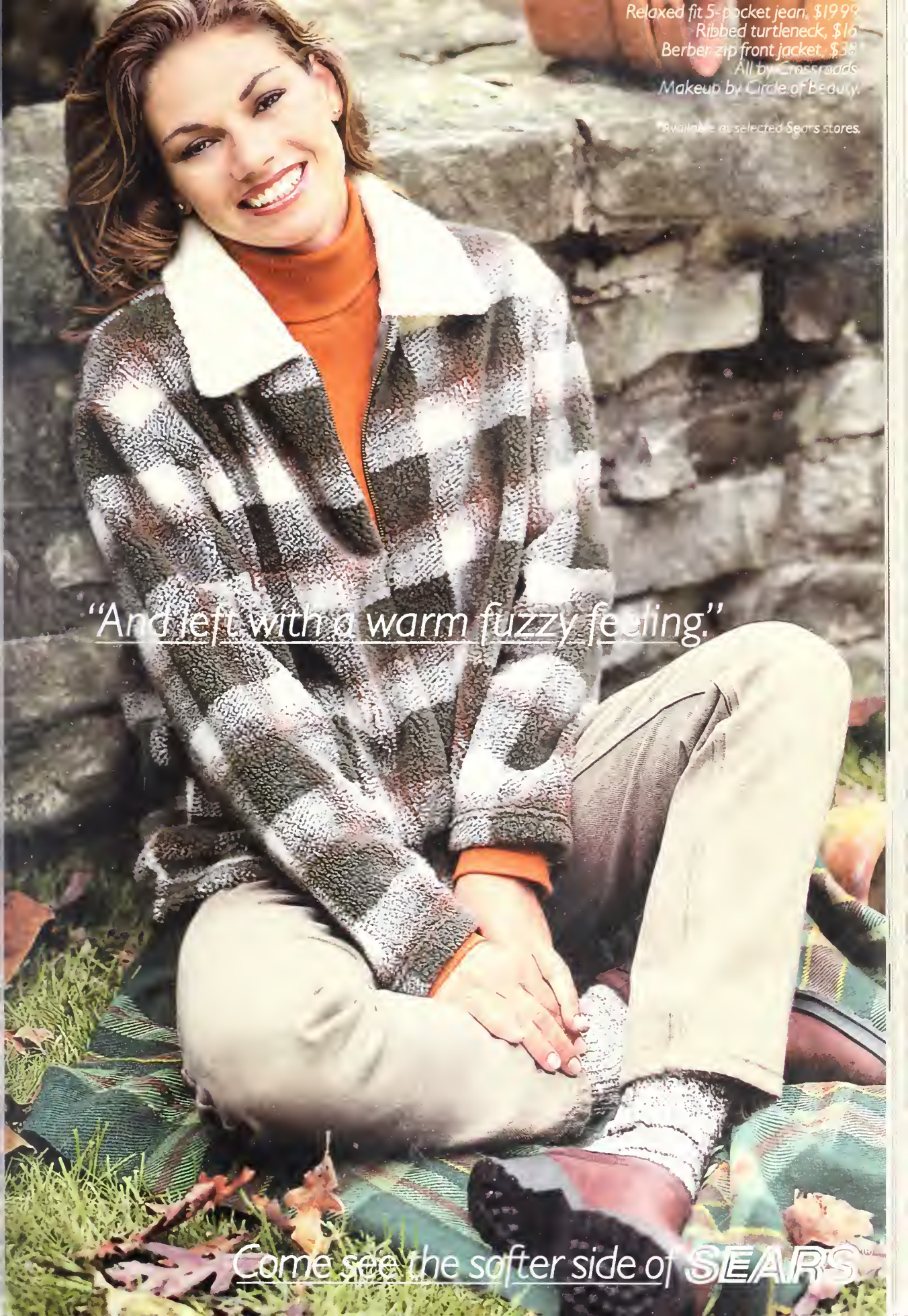
Join in our Live Chat with Paul Moschetta and Evelyn Firestone Moschetta, husband-and-wife marriage counselors and contributing editors to LHJ. Log on Wednesday, September 24, from 8 P.M. to 10 P.M., E.T. Check out "Can This Marriage Be Saved?"® at LHJ Online, www.lhj.com, for all the details.


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"I went in for insulation."

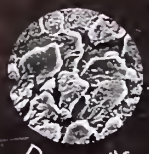


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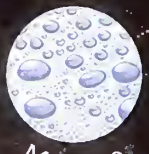

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READERS RATE THE NEW SCENTS

WE ASKED TWO WOMEN TO SPEND A DAY WEARING EACH OF FOUR FRAGRANCES. HERE, THEIR REPORTS:

Alexandra Palacio, 35: "I really love this fragrance. It's warm and inviting, yet refreshing at the same time."

Stefanie Capon, 31: "This is so different from everything out there. Frankly, it doesn't even smell like perfume—more like eucalyptus."



Calvin Klein's Contradiction, an oriental



A.P.: "It smells rich and feminine. Wearing it, you feel like you're enveloped in exotic flowers."

S.C.: "This seems like a fresh, young scent. It's both woodsy and floral, and reminds me of a walk through a meadow."

Oscar de la Renta's So de la Renta, a light floral

A.P.: "This is different and exciting—a modern floral potpourri."

S.C.: "Wearing this brought back memories of the day a boyfriend filled my apartment with flowers. Perfect for a casual, everyday scent."



Clinique's Happy, a fruity floral

A.P.: "It's spicy—better to wear in the evening than during the day."

S.C.: "Powerful. The kind of scent people will notice."



Revlon's She, a spicy floral

Exercise of the Month

Nothing short of surgery can give you bigger breasts, but this exercise, from Denise Austin, host of Lifetime's *Daily Workout*, can help you regain some youthful uplift and look better in this season's clingy ribbed tops: Stand facing a wall approximately three feet away. With fingers facing up, place hands on wall at chest level, keeping them shoulder width apart. Keeping back straight and abs tight, bend elbows, bringing chest close to wall; hold for a beat, then push away until your elbows are straight. Start out doing a set of eight to twelve repetitions; work up to two or three sets. If you do this every day, you'll see results in as little as three weeks.



Consult your doctor before beginning any exercise program

editor's PICK

Used to be, if you wanted thick lashes, you had to settle for mascaras that also left unsightly clumps. But Maybelline's new Volum' Express Mascara ($5.50) is specially formulated to go on cleanly and evenly, coat after coat.





So much about a family is revealed in its faces.



The New Family of Fashion Watches.

TIMEX

Before the Olympics, I had my share of failures. Then I taught myself to go for the gold

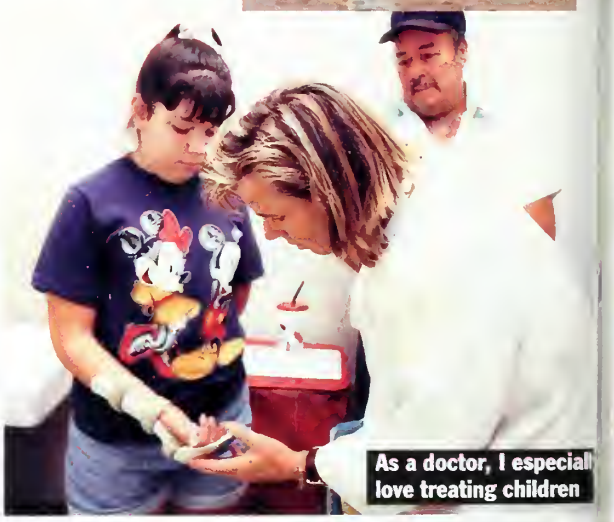
By Dot Richardson, as told to Dianne Hales



Making history at the 1996 Games

Learning To Win





As a doctor, I especially love treating children

For me, the highlight of the 1996 Atlanta Olympics wasn't being part of the first women's Olympic gold-medal softball team. No, the greatest moment was looking into the faces of all the people in the stands and seeing how inspired they were by us. I remember thinking, It doesn't get any better than this.

I was wrong. I have had so many magical moments since then. One of them was going to the children's intensive-care unit of the Los Angeles County/University of Southern California Medical Center, where I'm a resident in orthopedic surgery, and letting the kids try the medal on. When I put it around the neck of one little girl, she gave me a big smile and said, "Is it all gold?" It was the first time the girl had spoken since her brain surgery four days earlier.

I see the same glow whenever people hold or wear the medal; it's like winning it all over again. When I was seven years old and dreaming about getting Olympic gold, I thought it would all be about me, me, me. By the time I stood on the podium, I was thirty-four, and I knew what matters most is making a difference in people's lives. That's why I chose to be an orthopedic surgeon. I was born with a talent for throwing a softball and for healing, and I want to make the most of both.

When I was little, I used to ask my mother why God had made me a good athlete, but didn't give me the opportunity to play. I could run faster, throw farther and hit a ball harder than most boys. But this was before co-ed teams, and I was always told that I couldn't play because I was "just a girl." At least my dad, who coached my brother's Little League team in *(continued)*


ilities are endless

Orlando, let me be the bat girl.

In 1971, when I was ten and throwing warm-up pitches to the boys, a coach noticed me and said, "I'd love to have you on my team." I was thrilled—until he added that I'd have to cut my hair and pass myself off as a boy. Later that day, another coach offered to put me on the Union Park Jets, a women's team. I became the youngest amateur softball player ever—nearly half the age of my teammates.

The greatest opportunity that sports brought me was education. My dad's salary as a mechanic had



Delivering the commencement address at Ithaca College

to feed a family of seven; fortunately Western Illinois University, in Macomb, offered me a full athletic scholarship. Volunteering with the school's physical therapist sparked my dream of becoming a doctor.

When UCLA—a powerhouse in women's sports—offered me a scholarship if I transferred there, I had to say yes. In 1982, we won the first National Collegiate Athletic Association (NCAA) championship in women's softball. I made the UCLA Hall of Fame, and the NCAA named me "player of the decade."

But there were actually times during college when I thought about giving up sports because of persistent rumors about my sexuality. I was twelve years old the first time someone said to me, "You must be a lesbian." I just hope that one day women athletes will be admired for their talent alone, without any assumptions about their private lives.

By the time I received my master's degree in exercise physiology, I had become a member of the most legendary team in amateur women's softball, the Raybestos Brakettes. I enrolled in medical school at the University of Louisville in 1988. But at the end of my second year, I was so busy trying out for the U.S.A. World Championship team that I didn't pass my medical board exam. I had never failed before.

Rather than just retake the test, I decided to repeat my entire second year of school. I put aside sports and devoted all my energy to my studies. It worked—I passed the boards the second time around—but at a price. A man I thought would always wait for me decided to move on with his life, and he fell in love with someone else.

The day after the boards I tried out for the 1992 Pan American games. I hadn't played softball in months and I didn't make the team—the first time I had ever failed as an athlete. I was crushed.

Then, in March 1993, two things happened to change my life: I was accepted into a five-year orthopedic surgical residency at USC, and the International Olympic Committee made women's softball an Olympic sport, starting with the 1996 Summer Games. Of course, I was dying to try out for the team.

In the spring of 1994, the hospital offered me a year's leave of absence so I could train full-time. I almost didn't make it. At the final tryouts in September 1995, I hyperextended my neck—but I kept playing. I made the team, but my injury worsened until I lost all the strength in my right arm. I spent four months recuperating and working with a personal trainer in Orlando. Fortunately, I made a full recovery, except for some numbness at the tip of my right thumb.

By the opening ceremonies of the Olympics, the U.S. women's softball team was the favorite. All my dreams for the series *(continued)*

Wild About Women's Sports

During the 1996 Olympic Games in Atlanta, gold-medal victories by the women's softball, soccer and basketball teams helped catapult women's sports onto the playing field for good. Soon after, women had four new leagues of their own: two for basketball, one for soccer and another for softball.

Today, when you hear about a heated rivalry between Houston and New York, it may be the Houston Comets and the New York Liberty—two of the eight teams of the Women's National Basketball Association. Sure, Michael Jordan packs a full house. But these days, so can basketball sensation Rebecca Lobo. During the WNBA's first sixteen regular-season games, the league recorded an average attendance of 10,369 per game. "It's more than we ever expected," says Alice McGillion, a spokesperson for the WNBA. NBC also reported solid TV ratings. The average for the first six televised games was a 2.2 rating—meaning about two million households across the U.S. were watching. But while women's basketball is currently the fastest-growing sport, others, including golf and volleyball, are increasingly popular as well. The recent U.S. Women's (golf) Championship Open drew record crowds: Attendance totaled 123,850—over 15,000 more than the previous year.

And if you think men aren't interested, think again. According to Mark Cuban, president of Dallas-based AudioNet, an on-line company that audio- and video-broadcasts more than a thousand games a week, it's a fifty-fifty audience. "A lot of times, women's collegiate basketball outdraws men's," says Cuban.

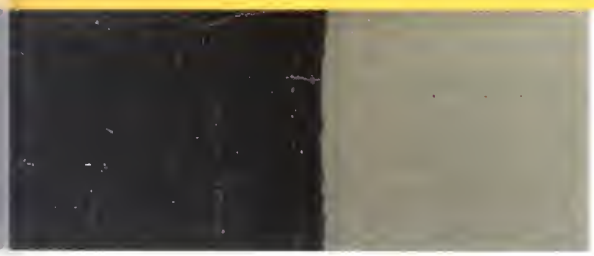
Why is this happening? Donna Lopiano, executive director of the Long Island–based Women's Sports Foundation, gives credit to Title IX, the twenty-five-year-old law that mandates equal athletic opportunities for men and women at federally funded universities and high schools. In 1971, 1 in 27 girls participated in high-school sports. In 1996, the figure was 1 in 3. With more female athletes than ever, there's no telling how far women's sports will go.

—Anna Roufo





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came true: scoring the first run for our team, hitting the home run that won the final game, standing with my teammates to receive the gold medal.

To me, winning the medal as part of a team made it all the more special. More than anything, I didn't want to let my teammates down. We all felt that way.

As we stood on the podium that day, I was overcome. The American flag was raised, the national anthem was played and I started to cry. What an awesome moment in history—and we had made it. Afterward, I put my medal around my mother's neck, then my father's. It really belongs to both of them.

The gold medal has made so many things in my life more golden. I've written a book (with *Sports Illustrated* staff writer Don Yaeger) called *Living the Dream* (Kensington Books, 1997); a screenplay based on my life is ready to go into production. I designed a signature bat and a glove, and I've signed a number of endorsement contracts. My sister-in-law has organized a fan club called "Dot's Diamonds," and my brother and I have started a girls' softball team in Florida for players under ten.

I've loved doing it all, but there have been lows as well as highs. The worst was hearing that a teenage girl, who had been a fan of mine, got into a dispute with her coach and shot herself. The next day, I was teaching a girls' sports clinic, and I felt I had to talk about that tragedy. "Bad things can happen," I said, "they've happened to me. But you've been given the most precious gift of all—life—and you've got to cherish it and live it to the fullest."

Right now, my life is a juggling act, with my residency taking up most of my time. After work, I try to live up to what I see as a very serious responsibility as an Olympian. I hold softball clinics and attend charitable sports events. I don't really have time for a social life—although thirty guys have sent me marriage proposals in the last year!

I must confess that I'd lo compete again—in Sydney in 2 but I also wonder if I should aside and give another wom chance. I'll be thirty-nine, and i jure my hands while playing, it end my medical career.

I've got so many other goals, finish my residency in 1999 someday I'd love to build a s medicine complex that will bri my interests together.

In the last year I've given a motivational talks to corporat community groups. Most ex was delivering the commenc addresses at my nephew's high in Montana and at Ithaca Coll New York. I told both sets of ates about my belief that Go given all of us a special talent. are willing to work hard, to pu heart and soul into it, you ca that talent to make your dream true. I'm living proof. •

Ladies' Home Journ
MOST FASCINATING WO

We know you watched and enjoyed our 1996 year-end CBS–TV special *"Ladies' Home Journal*'s Most Fascinating Women," sponsored by CLAIROL **. We are al working on another exciting year-en feature story and television special f December—and we want *your* input. year's honorees included superachie Rosie O'Donnell, Oprah Winfrey and Richardson, as well as less-known b equally impressive women.**

Do you know a woman whose remarkable story deserves to be to this year's special? A woman who had an extraordinary achievement, succeeded against great odds or m unprecedented contribution to the community? We want to know abou Please send us her name and tell u story in 100 words or less. Send y submission to: Box FW, *Ladies' Ho Journal*, 125 Park Avenue, New Yo 10017. Be sure to include your na daytime phone number. (Submissi cannot be acknowledged or return

And don't forget to watch *"Lad Home Journal*'s Most Fascinating Women of '97" on December 29, 10 P.M., E.T., on CBS–TV, sponso CLAIROL **.**

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Pediatric Nurse Sara Herbert

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Higher Minimums

Mutual funds are hiking the minimum that investors need to get started in the stock market, leading critics to wonder if the small investor is getting shut out.

Charles Schwab recently increased the itial investment minimum for most of its funds to $2,500 om $1,000. And according to Pat Regnier, associate edi- r at Morningstar Investor, in Chicago, more than half of no-load funds today have even higher minimums.

But small investors haven't been completely excluded. any funds allow individuals to open accounts with as lit- as $100 per month by enrolling in automatic investment ans, which, according to Regnier, is a smarter way to in- st. Because you're buying small amounts of stock at reg- ar intervals, less risk is involved.

—Carmine Gallo, *Your Money*



Quote Of The Month

"Anybody who has lived life in the public eye from a very, very young age has no interest in parading themselves out in front of the limelight when they're not working. The only people that are interested in being very out there about their lives are people who just started out when they were twenty-five or thirty." —Jodie Foster, while appearing on *Larry King Live*



Smarter babies?

Formula Wars

Is your baby's formula the best it can be? Scientists are debating whether companies should add another nutrient to it called DHA, which is already available in some formulas in Europe and Asia. DHA, a special fat found in breast milk, is important for brain and visual development.

But many U.S. formula makers are reluctant to add it to their products, and some researchers say that's the right attitude. Other fats already found in formula may stimulate the production of DHA in the body, according to Alan Lucas, M.D., from the British Medical Research Council. Furthermore, he says, studies published so far have been too small to prove the value of adding the substance. Additional research on DHA is currently under way.

—Eugenia Halsey, *On the Menu*

Natural disease-fighter

Garlic has been touted for its medicinal purposes for years, but scientists are just now confirming that it's good for more than just cooking.

The latest research shows that chemical compounds in garlic can help slow the growth of some cancerous tumors in mice, according to Shivendra Singh, Ph.D., director of the cancer research laboratory at Mercy Cancer Institute, in Pittsburgh. Other studies on mice show that garlic can inhibit the growth of breast cancer and significantly reduce bladder tumors, possibly by boosting the immune system.

The researchers now hope to prove that garlic has the same effect in humans, as well as determine which types of cancer it is most effective in treating. —Al Hinman, *Your Health*

Watch CNN's Your Health for the week's top medical news (Saturday, 2 P.M., E.T.) and Your Money for personal finance (Saturday, 2:30 P.M. and Sunday, 6:30 A.M., E.T.).

If estrogen is the answer,

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There's no question your body makes less natural estrogen after menopause. 80% less, in fact. And because estrogen does some good things for your body, losing it can mean problems.

Like rising cholesterol. Estrogen helps keep your cholesterol low. So after menopause, your cholesterol can rise quickly. Left unchecked, high cholesterol can increase your chances of a heart attack or stroke.

Losing estrogen can also mean losing bone. That can lead to osteoporosis. And if you think because you drink your milk you're not at risk, think again. In just the 6 years after menopause, a woman can lose up to one-third of the bone mass in her spine.

So what's the answer? Many doctors prescribe estrogen replacements to help keep bones strong and cholesterol low. But estrogen replacements also raise a lot of questions. Many women don't like estrogen's potential side effects, which can include irregular bleeding, spotting, bloating, breast tenderness, and

why are there so many questions?

migraines. And many women have serious concerns about a possible link between estrogen replacements and cancer.

Right now, it's a decision each woman has to make with the help of her doctor. But research is ongoing to find new choices for women who want to stay strong and vital in the years after menopause. At the Lilly Center for Women's Health, we're monitoring the situation. For the latest information on postmenopausal health, call toll-free **1-888-WMN-HLTH.** Because there is life after menopause.



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the love diet

For this couple, dieting together was the key to losing thirty pounds apiece. By Leslie Lampert





The Nadeaus on their wedding day (above) and 16 weeks and 60 pounds later (top left)

Love may be blind, but the camera lens is not. That's what Christina and Joseph Nadeau discovered when they received their wedding photos. "I thought, This is the most important day of my life, and I look pregnant," says Chrissy, thirty, an assistant at a New York City insurance-brokerage firm. "I actually cried when I saw myself."

Her new husband was equally horrified. "I couldn't believe it," says Joseph, thirty-two, a carpenter. "On the happiest day of my life, I was at my physical worst." Adding to his disgust was the fact that two days earlier, he had bought a pair of pants "two sizes bigger than my old ones."

Fortunately, the couple had the perfect motivator: Because they had eloped in Las Vegas in March, they were planning a formal wedding reception for August 3. And this time around, they wanted to make sure they looked as fabulous as they felt.

Weighing In

At five-eight, Chrissy weighed 205 pounds. For years, she had made excuses for not dieting or working out—"someone loves me enough to marry me," she rationalized, "so I must not look that bad"—and because she's asthmatic, she thought she was exempt from all exercise.

Joseph, who's an inch taller than Chrissy, also weighed in at 205 on their wedding day. "I used to be forty pounds thinner, but I stopped working out and didn't pay attention to what I ate," he says. "The weight just piled on." Two of his downfalls: fast food and soda (he routinely consumed half a gallon—some 1,200 calories' worth—a day).

Chrissy consulted Howard Shapiro, M.D., a New York City specialist in weight management, who recommended that she and Joseph diet as a couple. In addition to its practical advantages, this approach, notes Shapiro, "provides a built-in support system."

Getting Started

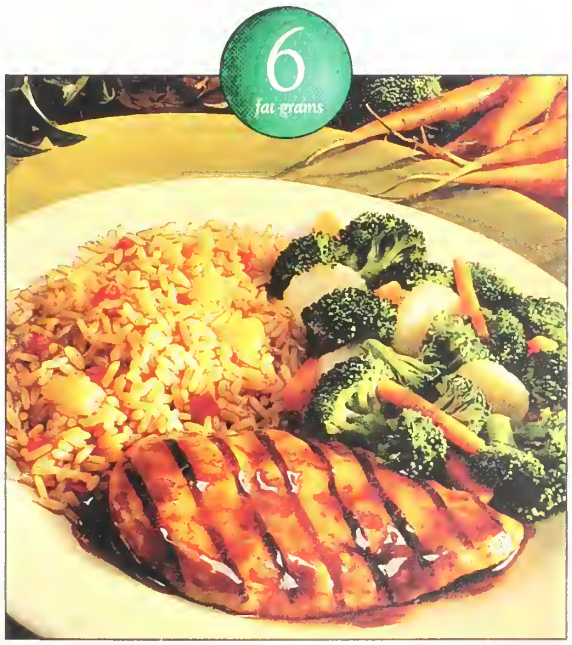
Chrissy first visited Shapiro on April 11, 1996. The doctor gave her a thorough exam, then turned her over to his staff nutritionist, who showed her some easy substitutions for the fat-laden foods she was eating. "I was the cheese queen," Chrissy says. "I put it on everything from mashed potatoes to broccoli."

Joseph's first consultation, a week after Chrissy's, instantly motivated him. He was stunned by a comparison of his favorite foods with others that offered larger portions and less fat for the same calories. (See "Food Equivalencies," page 40.) "I knew that greasy foods were bad," he says, "but I had no idea that I could eat so much for the same calorie hit as a bagel and a big slab of cream cheese."

While Joseph and Chrissy were both given the same core *(continued)*

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diet, Shapiro tailored it to their daily schedules and their food preferences—the key, he says, to a successful weight-loss program.

These excerpts are from the diaries Chrissy and Joseph kept during their sixteen weeks on the program.

April 11, 1996

Chrissy: My wedding reception is in sixteen weeks. I hope Dr. Shapiro can help. Today, at my first appointment, I found out that my problem is too much fat, not the size of my portions. I'm going to start using a butter-flavored spray. And Dr. Shapiro says if I don't want breakfast, I shouldn't eat it. That'll save a *lot* of calories: I was stopping for a Sausage McMuffin every morning.

April 12

Chrissy: It's official—I'm on the diet. Farewell to cheese, my other true love besides Joey! I used to eat a whole box of macaroni and cheese. I'm so excited, I never even considered a final splurge last night.

April 18

Joseph: I was skeptical about going on this diet with Chrissy, but she's so motivated it's contagious. Today's my first day. I'd really like to get more energy. Dr. Shapiro told me to stay away from dairy products, then to cut down on sugar. He took me off soda completely and substituted low-fat foods for all my favorites. Tomorrow's breakfast will be a big change: poached eggs instead of fried eggs and bacon.

April 28

Chrissy: I've been experimenting with nonfat cooking. Last night, I made chicken breasts in aluminum-foil boats with garlic, soy sauce, lemon juice and vinegar. They were delicious—and I didn't have to eat tons because my satisfaction came from the *yum* factor, not the quantity.

May 2

Joseph: I'm down to 191 pounds. Not bad, for just two weeks. We went out for Chinese food the other night. Now that I know how much fat they have, I skipped the egg rolls. I ordered steamed shrimp and snow peas with bean sauce on the side; then I dipped the shrimp into the sauce instead of drenching it, the way I used to.

May 9

Chrissy: I weigh 188 pounds today! Wow, this is really working. And I'm not even starving. I feel peppier, and my asthma has improved.

Joseph: The diet is easier than I expected. I thought the guys at work might make fun of me, but they've started eating the same way I do.

May 15

Chrissy: This is my period week and I didn't lose any weight. I'm going to assume it's just water weight. (The filet mignon with béarnaise sauce on Mother's Day didn't help.)

May 19

Joseph: Went out to dinner with my folks last night. When I criticized Chrissy for ordering ravioli in a cream sauce, she got mad. I told Dr. Shapiro about it, and he reminded me that I was only in charge of my own diet—that Chrissy didn't need two consciences. Plus, he said that my choice—spaghetti and meatballs—wasn't so terrific, either.

May 23

Chrissy: I'm feeling back in control—I took off another two pounds. I'm still skipping breakfast, and lunch is usually a grilled-chicken sandwich and steamed vegetables, plain.

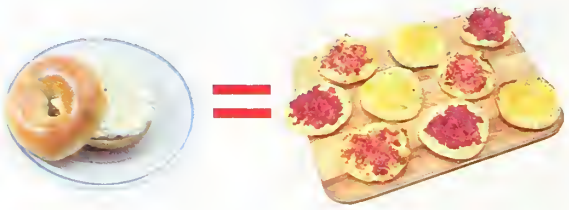
Joseph: I'm down to 185, but sometimes I get shaky and wind up eating something I shouldn't. So Dr. Shapiro gave me some protein bars. The mocha and chocolate mint taste great.

June 2

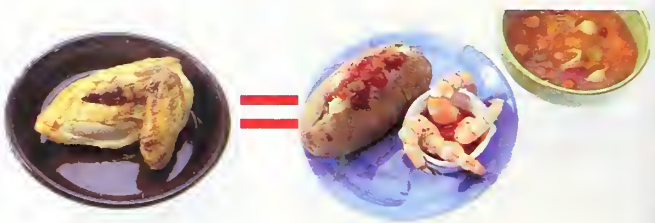
Chrissy: Today was my "post-bridal" shower. Everyone said I looked terrific. Good thing the nutritionist and I discussed how to handle celebrations. I had *(continued on page 4*

Food Equivalencies

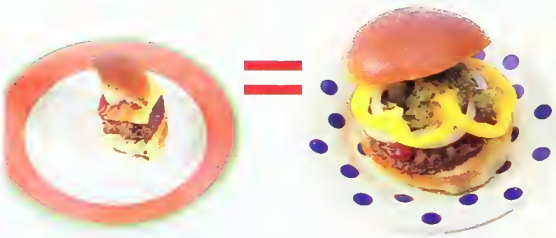
Chrissy and Joseph were stunned to discover how much food they could eat instead of the calorie- and fat-laden choices they customarily made. A few examples:



One deli-style plain bagel (5½ oz.) with 3 oz. cream cheese (740 calories) equals 9 English muffin halves with 1 teaspoon jam (any kind) on each.



A quarter chicken with skin (breast and wing section, 7 oz.) roasted, broiled or grilled (385 calories), equals 1 shrimp cocktail (4 medium shrimp and 2 tablespoons cocktail sauce), one bowl (1½ cups) of minestrone soup and 1 baked potato (10 oz.) with 1 tablespoon salsa.



One bite (1¾ oz.) of a bacon-cheeseburger (1 slice American cheese and 2 strips bacon) (190 calories) equals 1 Boca Burger veggie burger, including bun, onions, peppers, ketchup and relish.



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THE LOVE DIET

Continued from page 40

the poached salmon, peas and carrots and one glass of champagne. I didn't feel deprived at all.

June 17

Joseph: I'm starting to recognize myself again. I'm also more in control. Even at a restaurant, I tell the waiter exactly how I want my meal cooked.

June 21

Chrissy: I need more fuel while I'm at work, so I've been eating my big meal at lunch. If I weren't married, I'd probably skip dinner, but I eat it because Joey does. Sometimes it's hard being on this diet with him. His weight loss comes so much more easily—I'm trailing him by five pounds—and he doesn't struggle to resist temptation like I do.

Joseph: My wife is having a hard time. She gets annoyed that I stick to the diet when she can't. I try to tell Chrissy how to cut back but she takes it too personally. I know *she'd* be happier if she lost weight, but I have to be careful not to make her feel like *I'd* love her more if she did.

June 27

Chrissy: I gained four pounds! I'm so disheartened. Joey is losing faster and eating more—it's not fair! I got so frustrated I ate a hot dog. But Joey was sweet: He said to stop getting on the scale and to just eat healthy.

June 29

Joseph: I am much healthier than I used to be. I also decode food labels—not everything that says *lite* or *low-fat* is good for you.

July 4

Joseph: Blew it today at our Fourth of July barbecue. I ate hot dogs, potato chips and macaroni salad. And it was great. This diet is about adopting a new attitude: If I eat healthy most of the time, I don't feel guilty when I splurge.

July 8

Chrissy: I got a Micro-Chip maker. You just cut up any fruit or vegetable, then microwave the slices on a plastic tray. I slice sweet potatoes, add spices, and they come out like potato chips, only without fat. These snacks are my salvation.

July 15

Chrissy: I'm down to 180, t pounds from my goal. The we not coming off as quickly as I but I feel better. And I'm w clothes I haven't fit into in Our newest trick: We roast then spread it on bread inst butter. I also sauce linguin chicken broth now. Delicious.

July 25

Chrissy: Can't seem to get belo But at least I'm still steering c McDonald's and macaron cheese. The regular weigh-in nitely keep me on track. My terol dropped from 214 to 204

Joseph: Went for my tuxedo today. I felt great—like I got t me back. I even walk differentl

August 3

Chrissy: This was the best day life. My mom cried when I my dress for the wedding rec She was so proud of me for thirty pounds. *(continued on p*

Dieting à De

Most of us know firsthand frustrating it can be whe *we're* on a diet and *he* is So dieting together should be a pi of cake—right? Well, not necessa The advantages outnumber the pi but keep the following in mind:

1. DO NOT COMPARE WEIGHT LOSSES. Men tend to lose weight more quickly than women, and m premenstrual women retain fluid

2. ACCEPT THE FACT THAT MEN EAT MORE. Not only are they usu larger and have more muscle ma their metabolisms process food differently.

3. BEWARE OF SABOTAGE. If one spouse is less successful than th other, he or she may subtly encourage cheating. Resist invita to go out for celebratory dinners try "just one bite" of something.

4. BE SENSITIVE TO YOUR PART REACTIONS. Even men who want lose weight themselves do not understand the anxieties and frustrations women bring to the subject of weight control. Also, b prepared for some ambivalence his part about the new, thinner y



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THE LOVE DIET

Continued from page 44

I'm so conditioned to eat healthy that I didn't even have a piece of my own wedding cake!

Joseph: I weighed in at 175 this morning. *Yes!* I'm determined to eat this way for the rest of my life—I feel too good to go back.

Howard Shapiro says: "When Chrissy came to me, she was focused on losing weight for her wedding reception. My first objective was to get her beyond that goal, to make permanent changes in the way she ate. I also had to help keep her frustration level down when Joseph lost weight faster than she did.

"Chrissy is very meal-oriented, and often eats with Joseph just to keep him company. So I made sure that she could eat large quantities of low-calorie, lower-fat foods. I also helped Chrissy get a handle on the rituals of eating—how to stop, for instance, even though Joseph was still eating.

"Joseph was actually easier to work with because, unlike Chrissy, he didn't have to unlearn dieting myths. He knew almost nothing about nutrition, so we could start from square one.

"About alcohol, I told Joseph what I tell all my patients: Drink the least amount you comfortably can. Here's a trick: When you go out, make your first drink club soda. Then, if you order wine, your thirst will be quenched and you will drink slowly. Also, drink wine only with your meal, not your appetizer.

"Joseph craves sugar, so I introduced him to low-calorie sweets, including his new favorite late-night snack, low-cal frozen fudge pops. And I taught him the importance of cutting calories, not just portions.

"Each of the Nadeaus met their short-term goal of losing thirty pounds in sixteen weeks. But the more important long-term goal is to make healthy eating a way of life."

Update: As of fall 1997, Chrissy is down another nine pounds, to 166. "Breaking old habits is a slow she says, "but I'm in control Joseph has maintained his weight by staying away fro food. "If we don't have it house, I don't eat it," he say crows Chrissy, "Our second wedding pictures looked like u

Leslie Lampert is a contributing Ladies' Home Journal.

The Core Die

BREAKFAST

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- **low-calorie egg substitute**
- **lite yogurt**

If you're not hungry, don't feel obligated to eat breakfast. Avo cereals above 250 calories per scones, bagels, croissants, bric muffins and fat-free muffins.

LUNCH

Vegetable soup or any combina of raw or cooked vegetables wi any low-fat condiment or dress

If needed, add 3 to 4 ounce protein and/or 1 cup of a grai product—preferably whole gr

DINNER

Vegetables (as at lunch) and u 8 ounces of protein food and/ to 2 cups of grain food (e.g., r pasta, polenta, couscous).

Protein requirements vary b much as 3½ ounces per day; protein can be consumed at o meal or divided.

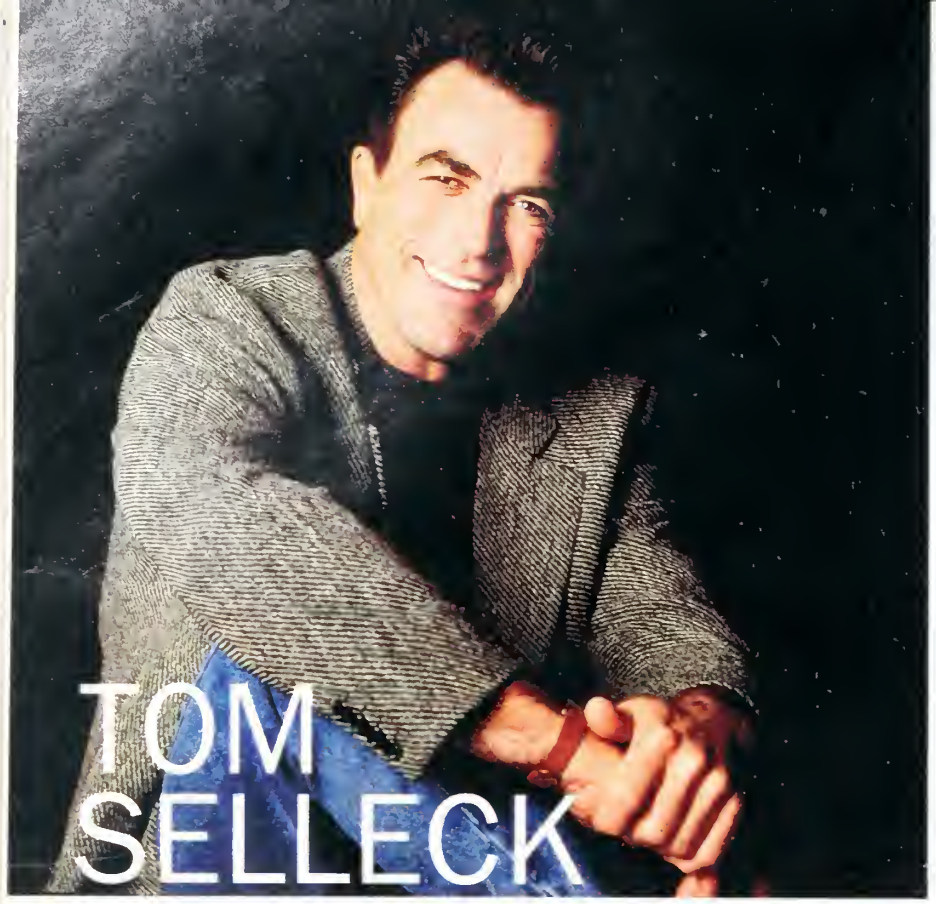
BEVERAGES

Any unsweetened or low-calori beverage, including diet soda, coffee, tea, cocoa mixes (up t 50 calories), bottled water, et Avoid fruit juice and naturally sweetened beverages.

SNACKS

- **fruit**
- **low-calorie frozen pops or fu bars, sorbet, Italian ices and f free frozen yogurt**
- **hard candy**
- **1 or 2 ounces pretzels, crac unbuttered popcorn, etc.**


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TOM SELLECK GENTLEMAN FARMER

Tom Selleck talks about his family, his ranch, and his surprising new movie role

By Margot Dougherty

"I've been researching this part for a long, long time," says Tom Selleck with a laugh, looking very much the actor/rancher hybrid: major league masculinity infused with genteel charm, butch black pickup parked outside, and a lite beer parked on the table in front of him at Le Chardonnay, a West Hollywood bistro.

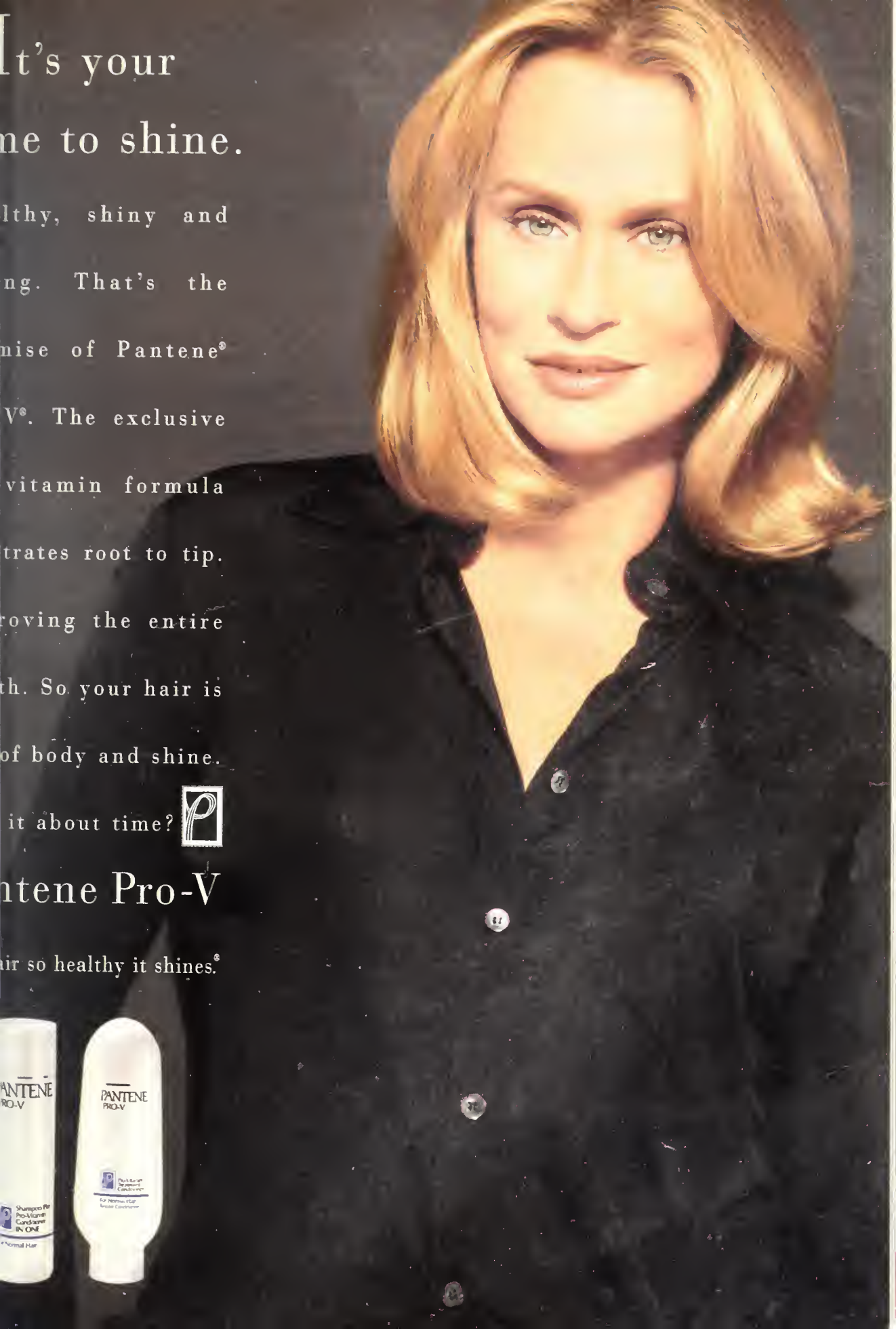
Exuding warmth from the get-go, Selleck stands very tall (six-four) to shake your hand and smiles the kind of smile he didn't learn from an acting coach. At the moment, he is taking a break from his sixty-three-acre ranch in Ventura County to talk about his role as Peter Malloy, the puckish gay TV reporter in the film *In and Out*. The comedy, loosely based on Tom Hanks' inadvertent outing of his high-school drama teacher at the 1994 Oscars, stars Kevin Kline as a desperate-to-be-straight high-school teacher, and Selleck as an ebullient blend of Geraldo and Barbara Walters, chasing him for the scoop.

Ironically, Selleck has mixed it up with reporters himself. He has sued a number of tabloids, the most celebrated case being a suit against the *Globe* for including his name in an article titled " 'Gay' Stars Stop Traffic." "I wasn't offended," explains Selleck, who settled for an apology, "but if you're married and have a wife and kids, what does it say about where you are as a person?" He brightens, pointing out, "My wi stuck up for me." And, in retrospe he's grimly philosophical: "I gue you're not successful as a leadi man until people say that about you

Despite a willingness to duke out with the *Globe*, Selleck is an ol fashioned guy—a gentleman; Cla Gable crossed with Paddingt Bear. On this late summer afte noon, two other things are imme ately apparent: His moustache is development ("My daughter kee saying, 'When are you going to gr it back?' ") and his eyes are stingi "I'm allergic to oak," says Selle tilting his head back to drip in so drops. "Which is a problem, b cause I've got twenty oak trees an pruned them this weekend."

Selleck's ranch isn't a leisure-ti stage set acquired to prop up an i age. He lives there with his wi British actress and dancer Jil Mack, their daughter, Hanna eight, and six horses, a colt, fo cows, three sheep, four dogs a two cats. And he works it. "Ther always something to be done on t farm," says Selleck. "It keeps r sane between jobs."

"Between jobs" describes a fle ble interlude—months, even years between gigs. Here's the telescop history: In 1988, Selleck quit *Ma num, P.I.*, the top-rated TV sh that had earned him an Emmy. was tired, I was married and I wa ed to have a family," he *(continu*


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says. "But I never got off the roller coaster." Instead, he started doing movies. *Three Men and a Baby* was a global smash in 1987, but a string of others, including *Quigley Down Under*, *Christopher Columbus* and *Folks!* flopped.

While Selleck's career floundered, his family life flourished. The actor first met Jillie Mack when he went to see a friend in the London production of *Cats* in 1983. "I kept noticing this one particular cat," he says. Under all that fur and makeup? "Well, you get a sense of somebody, a sense of her body . . ." pause, quick p.c. correction: "a sense of her spirit." So you called her up and asked her out? "I kept hesitating," says Selleck. "But finally she said, 'Would you like to take me out for a cocktail?'" He would and they did, and the couple married in 1987.

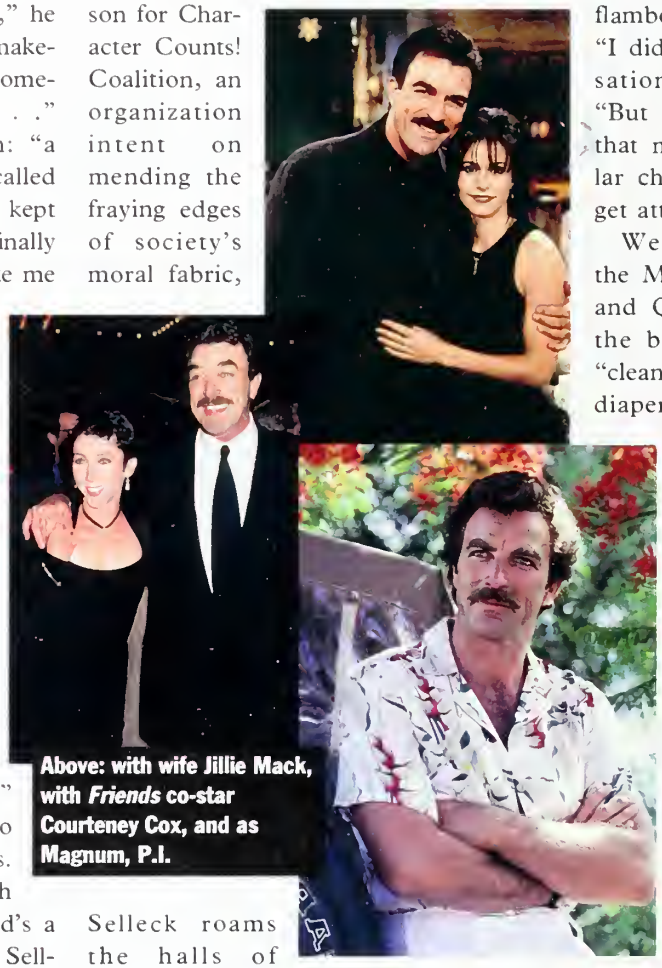
"She's a major talent," says Selleck of his wife, who appeared on TV's *Fired Up* and *Frasier* this year. "But she doesn't have as much of an appetite for the business end of acting and getting jobs."

Hannah, born in 1988, is another focus of Selleck's devotion. When his new broodmare was close to foaling, "Hannah and I stayed up three nights in a row to watch," he says. "We're still trying to figure out what color the colt is. We call him Blaze." Hannah rides nearly every day, and Dad's a fixture at her horse shows. The Sellecks ride together, and even carpooling is a family activity. "We all get up at about six o'clock and Jillie and I take Hannah to school—about a forty-five-minute drive," says Selleck. "It's a really nice time for us."

It's that old-fashioned thing happening again; Selleck is clearly the family's protector, and he is especially careful about how he involves himself in Hannah's activities. "I don't take her to Disneyland," he says, for example. "I want her to have a normal time, and she wouldn't if she was with me."

As an outspoken conservative, Selleck is often asked if he's interested in running for political office. His answer is, "I'm already a public figure, so why would I want to turn it up a couple more notches? And secondly, I wouldn't do that to my eight-year-old."

Selleck's work on children's behalf is something he is considerably more vocal about. As a board member and occasional spokesperson for Character Counts! Coalition, an organization intent on mending the fraying edges of society's moral fabric, Selleck roams the halls of schools, Congress and the White House promoting old-fashioned values. "All we're really talking about is bringing some vocabulary back into our culture that gives teachers and coaches more permission to talk about values," he says. Character Counts! is built around the "six pillars of character," which Selleck ticks off as easily as Snow White naming her dwarves: trustworthiness, respect, responsibility, fairness, caring and citizenship. "Lying, cheating and stealing are wrong, period," he says.



Above: with wife Jillie Mack, with *Friends* co-star Courteney Cox, and as Magnum, P.I.

When not working the ranch o addressing the morality of America Selleck chooses between big- an small-screen opportunities. He ap peared as a guest star on *Friend* "Everybody said don't crawl back t TV," he says. "But I liked th show." *Friends'* fans love him, an last year he signed a deal with CB to develop a sitcom. "It was an offe I couldn't refuse," he says.

And then, of course, there is th flamboyant gig of *In and Ou* "I didn't do the role for ser sational reasons," he say "But I'm not stupid; I kne that me playing this particu lar character would probab get attention."

Well, who would expe the Man Who Was Magnu and Quigley Down Under- the bachelor who suggeste "cleaning fluid" to facilitate diaper change in *Three M and a Baby*—to gle fully plant a length lip lock on a male c star? Judging fro test screenings, n body. "At first the is shock," says Sel eck, bugging his ey and inhaling deeply though channeling t audience. "And th there's a laugh th goes on and on."

Selleck worked ve hard for that laugh. was not the easie scene," he says. "I kissed two men: my father and r brother. But never on the lips."

It wasn't the quickest scene, ther. Director Frank Oz says Kli and Selleck did over thirty takes a "within each take they kissed b tween thirty and fifty times. Th were great sports."

"Thankfully," says Selleck, wasn't passionate." •

Margot Dougherty is the entertainme editor for Los Angeles magazine.



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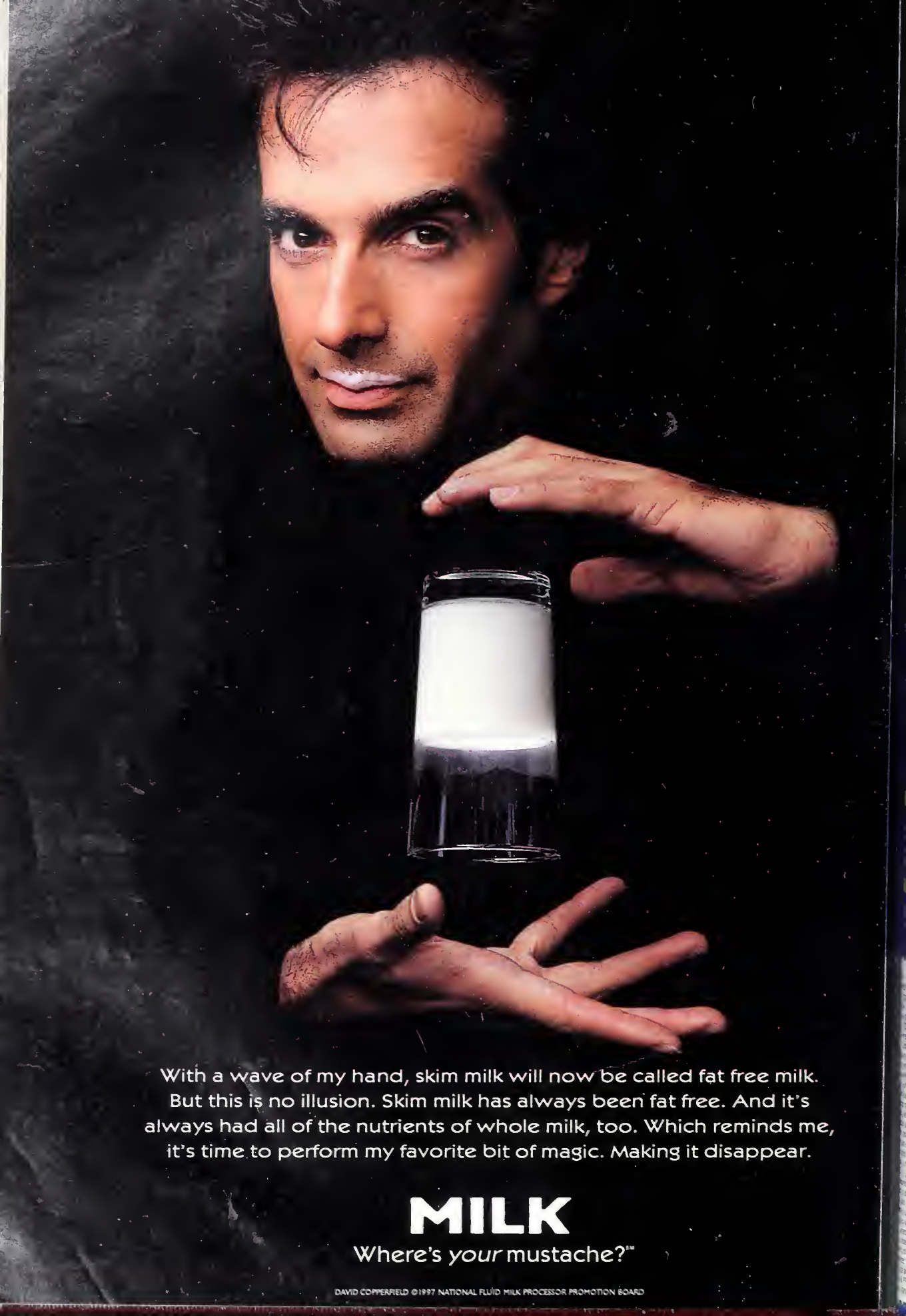


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ULES: 1. HOW TO ENTER: NO PURCHASE NECESSARY. To enter, complete the Official Entry Form or print address, daytime phone number and recipe category on a postcard or to enter electronically, access the LHJ magazines' web pages at http://www.bhglive.com and www.lhj.com and complete entry recipe form. est Milk Recipes in America" Recipe Contest – LS100, 1716 Locust St., Des Moines, IA 50309-3023. You s many recipes as you wish. Contest begins on September 12, 1997. Mail-in entries must be postmarked er 11, 1997 and received by November 17, 1997. E-mail entries must be received by November 10, 1997 at ST. Meredith Corporation assumes no responsibility for lost, late, illegible or misdirected entries or mal- LITY: Contest open to legal residents of the U.S.A. who are 18 years of age or older, except employees of rporation, MILK PEP, Bozell Worldwide and their agents, affiliates, subsidiaries and their immediate families residing in the same household. Contest void wherever prohibited. **3. WINNER SELECTION:** Winners will on January 31, 1998. Winners will be notified by mail and prize delivered on March 3, 1998. Entries must and not previously published. One winner will be selected from each category: Snacks and Appetizers; Baked Goods; One-Dish Meals/Casseroles; Beverages (hot and cold); Main Dishes; Side Dishes; and ll recipes must include at least 1/2 C. of skim or 1% milk. Recipes will be judged equally on originality, taste paration, visual appeal and nutritional analysis. All entries and materials submitted become the property of rporation and will not be returned or acknowledged. All rights, title and interest, including copyright rights entries, belong to Meredith Corporation. Meredith Corporation reserves the right to edit, adjust, modify idense and excerpt entries. Judging will be conducted by the Better Homes and Gardens Test Kitchen. The f the judges are final and binding in all respects. Entrants agree to be bound by these rules. Grand Prize appear in milk mustache ad. The awarding of any prize is contingent upon full compliance with the official RIZES: (1) Grand Prize awarded from among all 7 categories: $5,000; (7) First Prizes awarded to each of g categories: $500 cash award for each winner. One prize per immediate family. **5. GENERAL:** Entry conmission to use winner's entry, name, hometown, likeness, photograph, and statements regarding this cononal, public relations, promotional and advertising purposes on behalf of Meredith Corporation and Milk PEP pensation, unless prohibited by law. Winners will be required to sign an Affidavit of Eligibility, Assignment of Liability within ten (10) days of notification or an alternative winner will be selected. By participating and rize, winners release Meredith Corporation, Milk PEP, Bozell Worldwide and their agents, affiliates, subd their respective directors, officers and employees from any and all liability with respect to the prize rporation not responsible for phone, technical, network electronic, computer, hardware or software failures misdirected, incomplete, stolen, garbled or delayed Internet/e-mail computer transmissions. Subject to all e and local laws and regulations. Taxes on prizes are the sole responsibility of the winners. No prize transdution. **6. PRIZE WINNERS' LIST:** For a list of prize winners, available after March 3, 1998, send a separessed, stamped envelope to: Nancy Coles, Meredith Corporation, 125 Park Avenue, New York, NY 10017.

OFFICIAL ENTRY FORM

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TO ENTER (read rules for complete information): **1.** For each recipe entry, complete this form or print your name, address, daytime phone number, and recipe category on a postcard. **2.** Attach this form or a postcard to the back of each recipe entry. Mail to: "Best Milk Recipes in America" Recipe Contest – LS 100, 1716 Locust St., Des Moines, IA 50309-3023.

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The Toughest Cases



There are patients who need treatment so risky, so cutting-edge, that physicians talk about them long after. We asked three top doctors to tell us about the cases that taught them the most about medicine—and compassion. Here, the patients they will never forget. By Kathryn Casey

THE GREATEST SACRIFICE

Carolyn Runowicz, M.D.
Professor and Director of the Division of Gynecologic Oncology
Albert Einstein College of Medicine and Montefiore Medical Center, in New York City

In November 1990, I received a call from a doctor who was operating on a forty-year-old patient in her fourth month of pregnancy. An ultrasound had revealed an ovarian mass; it proved to be cancerous. The doctor had explained to her patient that the recommended course of action was to terminate the pregnancy and do an immediate hysterectomy followed by aggressive chemotherapy. But the woman refused.



"What should I do?" the doctor asked me.

"Remove both ovaries and leave the pregnancy intact," I advised. "Then send her to me."

When I met Geraldine Kearns and her husband, Richie, the very first thing she asked was, "Can you save my baby?"

Quietly, Geraldi told me that she a Richie, a firefighte had been trying have a baby for yea She had undergo surgery and spe years on fertility dru all to no avail. "The I became pregnant. was a miracle. A now this," she sai "This child means much to me. You ha to save it."

Though I w touched by her sto I had to make her u derstand what she was up again Ovarian cancer is an insidious a aggressive disease. In the beginni it has no symptoms. In its advanc stages, the indications—abdomi bloating and discomfort—are ea ly overlooked.

Geraldine's history of infertil didn't surprise me; studies ha shown that women with such pr lems have a higher risk for ovari cancer, though doctors don't y know why. In addition, some s search suggests a link between fer ity drugs and this type of cancer.

"Because of the pregnancy, e can't tell if the disease has spre beyond the ovary," I explained. I we terminate the pregnancy and f low the usual course of treatme you have approximately a thirty p cent chance of survival."

Geraldine and Richie looked t each other. "What if we don't ter nate the pregnancy?" she asked.

"Our only option is to be chemotherapy right away. Del ing it would give you little cha of survival," I told her. "W chemo, your chances rem about thirty percent, but we ca predict how *(continued on page 2)*

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When you talk to your doctor or healthcare provider about estrogen replacement therapy, you should discuss your personal and family history of breast or uterine cancer, abnormal blood clotting, or abnormal vaginal bleeding. As with all estrogen products, there are possible side effects such as headache, nausea, fluid retention, irregular bleeding, or breast tenderness. Estrogen should not be taken if you are pregnant. If you have not had a hysterectomy, there is a higher risk of cancer of the uterus. Taking progestins lowers the risk of developing this condition.

So, forget about your symptoms and your therapy. Forget about menopause. For a whole week at a time. After all, you do have more important things to think about.

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BRIEF SUMMARY OF PATIENT INFORMATION

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INTRODUCTION

Estrogens have important benefits but also some risks. You must decide, with your doctor, whether the risks to you of estrogen use are acceptable because of their benefits. If you use estrogens, check with your doctor to be sure you are using the lowest possible dose that works, and that you don't use them longer than necessary. How long you need to use estrogens will depend on the reason for use.

1. ESTROGENS INCREASE THE RISK OF CANCER OF THE UTERUS IN WOMEN WHO HAVE HAD THEIR MENOPAUSE ("CHANGE OF LIFE"). If you use any estrogen-containing drug, it is important to visit your doctor regularly and report any unusual vaginal bleeding right away. Vaginal bleeding after menopause may be a warning sign of uterine cancer. Your doctor should evaluate any unusual vaginal bleeding to find out the cause.
2. ESTROGENS SHOULD NOT BE USED DURING PREGNANCY. Estrogens do not prevent miscarriage (spontaneous abortion) and are not needed in the days following childbirth. If you take estrogens during pregnancy, your unborn child has a greater than usual chance of having birth defects.

USES OF ESTROGEN

(Not every estrogen drug is approved for every use listed in this section. If you want to know which of these possible uses are approved for the medicine prescribed for you, ask your doctor or pharmacist to show you the professional labeling. You can also look up the specific estrogen product in a book called the "Physicians' Desk Reference," which is available in many book stores and public libraries. Generic drugs carry virtually the same labeling information as their brand name versions.)

- **To reduce moderate or severe menopausal symptoms.**

Estrogens are hormones made by the ovaries of normal women. Between ages 45 and 55, the ovaries normally stop making estrogens. This leads to a drop in body estrogen levels which causes the "change of life" or menopause (the end of monthly menstrual periods). If both ovaries are removed during an operation before natural menopause takes place, the sudden drop in estrogen levels causes "surgical menopause."

When the estrogen levels begin dropping, some women develop very uncomfortable symptoms, such as feelings of warmth in the face, neck, and chest, or sudden intense episodes of heat and sweating ("hot flashes" or "hot flushes"). Using estrogen drugs can help the body adjust to lower estrogen levels and reduce these symptoms. Most women have only mild menopausal symptoms or none at all and do not need to use estrogen drugs for these symptoms. Others may need to take estrogens for a few months while their bodies adjust to lower estrogen levels. The majority of women do not need estrogen replacement for longer than six months for these symptoms.

- **To treat vulval and vaginal atrophy** (itching, burning, dryness in or around the vagina, difficulty or burning on urination) associated with menopause.
- **To treat certain conditions in which a young woman's ovaries do not produce enough estrogen naturally.**
- **To treat certain types of abnormal vaginal bleeding due to hormonal imbalance when your doctor has found no serious cause of the bleeding.**
- **To treat certain cancers in special situations, in men and women.**
- **To prevent thinning of bones.**

Osteoporosis is a thinning of the bones that makes them weaker and allows them to break more easily. The bones of the spine, wrists and hips break most often in osteoporosis. Both men and women start to lose bone mass after about age 40, but women lose bone mass faster after the menopause. Using estrogens after the menopause slows down bone thinning and may prevent bones from breaking. Lifelong adequate calcium intake, either in the diet (such as dairy products) or by calcium supplements (to reach a total daily intake of 1000 milligrams per day before menopause or 1500 milligrams per day after menopause), may help to prevent osteoporosis.

Since estrogen use has some risks, only women who are likely to develop osteoporosis should use estrogens for prevention. Women who are likely to develop osteoporosis often have the following characteristics: white or Asian race, slim, cigarette smokers, and a family history of osteoporosis in a mother, sister, or aunt. Women who have relatively early menopause, often because their ovaries were removed during an operation ("surgical menopause"), are more likely to develop osteoporosis than women whose menopause happens at the average age.

WHO SHOULD NOT USE ESTROGENS

Estrogens should not be used:

- **During pregnancy (see Boxed Warning).**

If you think you may be pregnant, do not use any form of estrogen-containing drug. Using estrogens while you are pregnant may cause your unborn child to have birth defects. Estrogens do not prevent miscarriage.

- **If you have unusual vaginal bleeding which has not been evaluated by your doctor (see Boxed Warning).**

Unusual vaginal bleeding can be a warning sign of cancer of the uterus, especially if it happens after menopause. Your doctor must find out the cause of the bleeding so that he or she can recommend the proper treatment. Taking estrogens without visiting your doctor can cause you serious harm if your vaginal bleeding is caused by cancer of the uterus.

- **If you have had cancer.**

Since estrogens increase the risk of certain types of cancer, you should not use estrogens if you have ever had cancer of the breast or uterus, unless your doctor recommends that the drug may help in the cancer treatment. (For certain patients with breast or prostate cancer, estrogens may help.)

- **If you have any circulation problems.**

Estrogen drugs should not be used except in unusually special situations in which your doctor judges that you need estrogen therapy so much that the risks are acceptable. Men and women with abnormal blood clotting conditions should avoid estrogen use (see Dangers of Estrogens, below).

- **When they do not work.**

During menopause, some women develop nervous symptoms or depression. Estrogens do not relieve these symptoms. You may have heard that taking estrogens for years after menopause will keep your skin soft and supple and keep you feeling young. There is no evidence for these claims and such long-term estrogen use may have serious risks.

- **After childbirth or when breastfeeding a baby.**

Estrogens should not be used to try to stop the breasts from filling with milk after a baby is born. Such treatment may increase the risk of developing blood clots (see Dangers of Estrogens, below).

If you are breastfeeding, you should avoid using any drugs because many drugs pass through to the baby in the milk. While nursing a baby, you should take drugs only on the advice of your health care provider.

DANGERS OF ESTROGENS

- **Cancer of the uterus.**

Your risk of developing cancer of the uterus gets higher the longer you use estrogens and the larger doses you use. One study showed that after women stop taking estrogens, this higher cancer risk quickly returns to the usual level of risk (as if you had never used estrogen therapy). Three other studies showed that the cancer risk stayed high for 8 to more than 15 years after stopping estrogen treatment. Because of this risk, **IT IS IMPORTANT TO TAKE THE LOWEST DOSE THAT WORKS AND TO TAKE IT ONLY AS LONG AS YOU NEED IT.**

Using progestin therapy together with estrogen therapy may reduce the higher risk of uterine cancer related to estrogen use (but see Other Information, below).

If you have had your uterus removed (total hysterectomy), there is no danger of developing cancer of the uterus.

- **Cancer of the breast.**

Most studies have not shown a higher risk of breast cancer in women who have ever used estrogens. However, some studies have reported that breast cancer developed more often (up to twice the usual rate) in women who used estrogens for long periods of time (especially more than 10 years), or who used higher doses for shorter time periods.

Regular breast examinations by a health professional and monthly self-examination are recommended for all women.

- **Gallbladder disease.**

Women who use estrogens after menopause are more likely to develop gallbladder disease needing surgery than women who do not use estrogens.

- **Abnormal blood clotting.**

Taking estrogens may cause changes in your blood clotting system. These changes allow the blood to clot more easily, possibly allowing clots to form in your bloodstream. If blood clots do form in your bloodstream, they can cut off the blood supply to vital organs, causing serious problems. These problems may include a stroke (by cutting off blood to the brain), a heart attack (by cutting off blood to the heart), a pulmonary embolus (by cutting off blood to the lungs), or other problems. Any of these conditions may cause death or serious long-term disability.

SIDE EFFECTS

In addition to the risks listed above, the following side effects have been reported with estrogen use:

- Nausea and vomiting
- Enlargement of benign tumors ("fibroids") of the uterus.
- Retention of excess fluid. This may make some conditions worsen, such as asthma, epilepsy, migraine, heart disease, or kidney disease.
- Breast tenderness or enlargement.
- A spotty darkening of the skin, particularly on the face.

REDUCING RISK OF ESTROGEN USE

If you use estrogens, you can reduce your risks by doing these things:

- **See your doctor regularly.**

While you are using estrogens, it is important to visit your doctor at least once a year for a check-up. If you develop vaginal bleeding while taking estrogens, you may need further evaluation. If members of your family have had breast cancer or if you have ever had breast lumps or an abnormal mammogram (breast x-ray), you may need to have more frequent breast examinations.

- **Reassess your need for estrogens.**

You and your doctor should reevaluate whether or not you still need estrogens at least every six months.

- **Be alert for signs of trouble.**

If any of these warning signals (or any other unusual symptoms) happen while you are using estrogens, call your doctor immediately:

Abnormal bleeding from the vagina (possible uterine cancer)
Pains in the calves or chest, sudden shortness of breath, or coughing blood (possible clot in the legs, heart, or lungs)
Severe headache or vomiting, dizziness, faintness, changes in vision or speech, weakness or numbness of an arm or leg (possible clot in the brain or eye)
Breast lumps (possible breast cancer; ask your doctor or health professional to show you how to examine your breasts monthly)
Yellowing of the skin or eyes (possible liver problem)
Pain, swelling, or tenderness in the abdomen (possible gallbladder problem)

OTHER INFORMATION

Estrogens increase the risk of developing a condition (endometrial hyperplasia) that may lead to cancer of the lining of the uterus. Taking progestins, another hormone drug, with estrogens lowers the risk of developing this condition. Therefore, if your uterus has not been removed, your doctors may prescribe a progestin for you to take together with your estrogen.

You should know, however, that taking estrogens *with* progestins may have additional risks. These include:

- unhealthy effects on blood fats (especially a lowering of HDL blood cholesterol, the "good" blood fat which protects against heart disease);
- unhealthy effects on blood sugar (which might make a diabetic condition worse); and
- a possible further increase in breast cancer risk which may be associated with long-term estrogen use.

Some research has shown that estrogens taken *without* progestins may protect women against developing heart disease. However, this is not certain. The protection shown may have been caused by the characteristics of the estrogen-treated women, and not by the estrogen treatment itself. In general, treated women were slimmer, more physically active, and were less likely to have diabetes than the untreated women. These characteristics are known to protect against heart disease.

You are cautioned to discuss very carefully with your doctor or health care provider all the possible risks and benefits of long-term estrogen and progestin treatment as they affect you personally.

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THE TOUGHEST CASES

Continued from page 58

the treatment might affect the fe

I explained that since ovarian cer usually strikes women past c bearing age, cases like Gerald were extremely rare. Furthern there were no real answers in th entific literature on how plati the chemotherapy drug used to ovarian cancer, might affect a fe

"In patients, platinum can hearing and the kidneys," I sai can't guarantee that those e won't be passed to your baby."

"If I refuse the chemothe treatments, though, my baby make it, but I probably won around to raise it?" she asked.

I nodded.

"If it hadn't been for the sound, this cancer would have undetected and it would have me," Geraldine said simply. way, this baby saved my life. I the chemo—and I want the bab

Almost immediately, we beg treatments—six courses of high chemotherapy, administered mot Geraldine was remarkable. when she suffered such side effe a continual ringing in her ear never once complained. But all worried what toll the treatment taking on the fetus.

In the middle of her se month of pregnancy, Geraldine a me. "I'm going to delay this m chemo," she said. "The baby be ready to be delivered soon, don't want to expose him t more than we have to."

I understood and I didn't ar

Two weeks later, Geraldin birth to a baby boy. A pedia examined the infant and de him healthy and strong.

Then, as Richie, Jr., was t his father, we began operati Geraldine. We did a hyster and then explored to see if th cer had spread. At first, all ap well. Then we found it—a t cancer on the wall of her uteru

When Geraldine awoke in erating room I was there, w "I have some bad news," I tol

e found more cancer."
raldine's eyes filled with tears as
ained that we thought the can-
as contained in the uterus, but
uldn't be sure. "We'll continue
nemotherapy and hope for the
l said.
aldine smiled and nodded. "I'll
right," she said with determi-
. "I have a baby to raise."
the months that followed, we
nued her chemotherapy. She
ssed well, and weeks, months
en years passed with no recur-
of the cancer. Richie, Jr., grew
healthy little boy who showed
effects from the chemo.
in December 1995, I received
Geraldine's cancer was back.
was nearly five years," she told
er. "I thought I was cured."
e that day, Geraldine has en-
several types of chemotherapy.
ir has fallen out, and she's suf-
ndescribable pain.
Geraldine's decision to contin-
pregnancy hurt her chances
ure? I don't think so. Remem-
those traces of malignancy we
in her uterus, I believe the
had already spread from her
when it was discovered.
e important, I know Geraldine
second-guessed her decision.
lad I did things just the way I
she confided to me one day.
ave our son."

ARDEST CHOICE

n Weber, M.D.
te Professor of Medicine and
s, and Director of the Breast
Program at the University of
lvania, in Philadelphia



In 1993, I co-headed a research group at the University of Michigan, in Ann Arbor, one of four such teams across the racing to isolate the gene re-le for hereditary breast cancer. That summer, I also faced one of the most difficult decisions of my medical career.

Unlike the vast majority of researchers who work solely in the lab, I also treated patients at the university's breast-cancer clinic. For the previous eighteen months, our research team had been identifying families with strong histories of breast cancer, obtaining samples of their DNA through blood tests, and comparing and contrasting their genetic markers in search of the responsible gene. Through patient histories at the clinic, I was often able to find women whose families were virtually stalked by the disease.

Susan,* a thirty-six-year-old elementary-school secretary, was one such patient. She came to me that summer for follow-up treatment after a mastectomy.

"I feel as if it's waiting to claim all of us," Susan said, explaining that both her aunt and mother had fought the disease. They'd survived, but two cousins had not. Susan's thirty-seven-year-old sister had also died of the disease. Susan worried about her younger sister, Janet,* and her daughters and nieces.

I told Susan about our gene project, and she agreed to participate. Over the following months as her treatment continued, Susan and her family came to the lab to donate blood samples. While we hadn't yet isolated the breast-cancer gene, we had learned enough to predict which family members were likely to carry it by looking at their DNA.

In Susan's family, the results were clear: Each of the women who'd developed breast cancer had the same mutation pattern on chromosome 17. Even Susan's brother had it. The only one who didn't was Janet.

I didn't tell Susan the study's results. As a scientist, I was governed by the strict research principle of never, ever letting the results of a study in progress leave the lab.

Months passed, and Susan's treatments continued. Then, one day, she brought Janet to see me. *(continued)*

*Names have been changed.





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THE TOUGHEST CASES

Continued

"I'm going to have a double mastectomy to do what I can to prevent breast cancer from ever taking my life," said Janet, thirty-two. "I can't just wait for it to happen to me," she added with tears in her eyes.

My heart raced as I thought back to the laboratory tests on Susan's family. I excused myself and left the examining room.

I sat in my office for a moment collecting my thoughts. My research held an answer this woman desperately needed, yet I was not supposed to tell her. If I revealed the findings of an ongoing study, I would be breaking a basic tenet of my profession. Yet, not to do so meant this woman would endure a painful and unnecessary operation.

I called a colleague to ask his advice, but he wasn't in. It was then that I realized there was only one answer to this dilemma.

Slowly, I walked back into the examining room. "Janet, do you remember the study you donated blood for, the one in which we're attempting to isolate the gene responsible for hereditary breast cancer? Well, we don't have the gene yet, but we have been able to find the genetic markers indicating the gene is present," I said. "And we have identified which members of your family are carrying the gene."

Susan and Janet looked at each other, stunned. "You can tell if I'm carrying the gene?" Janet asked, her voice trembling.

"Yes, I can," I replied. "Do you want to know?"

"Yes, I do."

"You don't have it," I said. "Your DNA is clear of the mutation."

For an instant, the two sisters just stared at each other. Then they hugged and laughed. "I don't need the mastectomy?" Janet asked.

"Cancel the surgery," I told her.

A year later, a lab in Utah isolated the breast-cancer gene. It was right where we'd predicted, on chromosome 17. A short time later, I saw Janet again. "Sometimes I wonder, Why am I the only one who was spared?" she asked.

I don't have an answer to that.

What I do know is that I didn't have a choice that day I agonized over whether to tell Janet the results of her test. I realize now that I couldn't have lived with myself if I'd kept silent and let her have an operation she didn't need.

(For more information and an update on the breast-cancer gene, see "Five Things You Need to Know about Breast Cancer," on page 118.)

A LIFE-OR-DEATH TREATMENT

Sharon Salamat, M.D., Ph.D.
Assistant Professor of Clinical Obstetrics and Gynecology at the University of Miami School of Medicine, in Florida



In June 196[illegible] received a letter from a desperate sister-in-law in Argentina. Her son, Ramon, and daughter-in-law, who was seven months pregnant, were on a visit to the U.S. from Argentina in need of help for their unborn child. An obstetrician had diagnosed a life-threatening condition in the baby called chylothorax, an unexpected buildup of fluid in the chest cavity surrounding the lungs. Without intervention, the baby would almost certainly perish. Yet any treatment would be incredibly risky.

A few hours later, Lisa, a pretty blond in her early thirties, and Ramon rushed into the maternity ward. I examined her and found her abdomen unusually distended. A second ultrasound confirmed our fears.

The baby, a little girl, was in grave condition. "Without treatment, Lisa will probably go into labor in the next two weeks, and the baby's lungs will be unable to expand because of the fluid surrounding them," I explained to the couple gently. "She won't be able to breathe."

"What can you do?" Ramon[illegible]

There are possibilities, but they
'y their own dangers," I told
. I explained that if they agreed,
university's ultrasonologist,
waz Salman, M.D., would draw
)d from the baby's umbilical
l to diagnose the cause of the
l buildup. Then, he would in-
a needle into the space sur-
ıding the lungs to draw out as
h fluid as possible.
at, I cautioned, these were rare,
-risk procedures. One slip of the
dle could puncture the baby's
t or pierce her lung—a possibly
complication.
Will it give our baby a chance?"
d Lisa.
'es, but we won't know for how
," I replied. If the fluid stemmed
a chromosomal abnormality like
n's syndrome or a viral infection
had been exposed to during her
ıancy, it could reaccumulate. If
there was a chance the baby
t be cured.
sa looked at me with resolve.
will do it," she said.

Early the next morning, the procedure began. Salman inserted the needle through Lisa's abdomen and into the umbilical cord. He injected a drug into the cord to temporarily immobilize the fetus, then he drew a vial of stem blood cells to be sent to the lab for analysis.

Finally, Salman inserted a needle through the placenta, into the infant's chest cavity. Carefully, he sucked out the fluid surrounding her right lung.

Then Salman turned his attention to the left lung—even trickier because of its proximity to the heart. When he was finished, the collection vial held enough fluid to fill a juice glass, a tremendous amount from such a small infant. This, like the blood, would be sent to the lab for further study.

I explained to Lisa and Ramon that while we'd been successful so far, we didn't yet know what we were dealing with. "That will have to wait for the test results," I cautioned.

Within a week, the first lab analyses showed no chromosomal abnormalities or evidence of infection. Lisa and Ramon cheered when I told them, yet I couldn't help wondering what had caused the fluid to build.

The final lab results gave us our answer: The fluid contained bile, suggesting that it may have resulted from a backup in the infant's lymph system, which normally clears excess fluid and debris from the blood. This meant that the child could be treated with a special diet at birth.

A month later, Lisa delivered a baby girl. When little Magdalena* took her first breath and let out a cry in the delivery room, we all laughed with joy and relief. After two days on a special diet, the baby was put on regular formula. A week later, after their daughter was pronounced completely healthy, the family flew home to Argentina.

That May, I received a fax from Lisa and Ramon. "Thank you," it said. "Because of you, we are celebrating Mother's Day." ●



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Women & Work

the Balancing Act

Home versus the office. The boss versus kids and husband. For years, we've all heard how difficult—if not downright impossible—it is to juggle work and family. But according to a new *Ladies' Home Journal* survey, the truth is that women are managing quite successfully to balance their responsibilities at the office and at home, thank you very much. And, surprisingly, they actually *like* doing it all.







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Wome & Wo

In *Ladies' Home Journal*'s American Woman Survey—a unique, in-depth study of women's lives today—the majority of working women told us that they're happy with their dual roles. A whopping 72 percent are very satisfied with the overall quality of their lives: They report having happy marriages (74 percent), good relationships with their children (87 percent) and satisfying jobs (58 percent). And despite the additional responsibilities and challenges they face daily, most wouldn't have it any other way. Sixty-three percent of working women say they would not trade their lifestyle to become stay-at-home moms.

In fact, in some surprising ways, working women may not be very different from those who don't work outside the home. Take stress, for instance. Thirty-eight percent of respondents who work say they are not stressed at all, compared to 34 percent of nonemployed women who make the same claim. And while 29 percent of stay-at-home moms confess they're "stressed to the max," just 26 percent of employed women feel so frazzled.

Of course, that is not to say working women don't have their share of problems. According to our survey respondents, the one thing they lack most is time: Sixty-six percent long for more time for themselves, 65 percent wish they could carve out a few minutes for exercise, and a fatigued 48 percent could use some extra hours of sleep.

It's no wonder they're feeling such a time crunch. Despite the fact that they hold full-time jobs, employed moms tell us they do almost as much around the house as women who stay at home. Seventy-two percent say they are primarily respons for the laundry (as are 79 percen their at-home counterparts), 70 cent say they do the cooking (v 74 percent), 66 percent gro shop (compared to 69 percent), 46 percent are primarily respon for daily activities with the dren—such as changing diap feeding the kids and taking the doctor appointments (versus 48 cent). Working women are cl more upset by this unfair dist tion of labor. Forty-eight per say they are "bothered a great d by the fact that men have f



household responsibilities com to just 36 percent of nonemp women who feel this way.

Fortunately, there are wa make the work-home balancin easier than ever, and this s section will show you how. W you everything from real-life care solutions to strategies for l ing your energy, no matter busy you are. And finally, w swer the all-important questi how to get ahead on the job win that raise and promotion— out sacrificing your family life.



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who's minding the kids?



It's ten A.M. Do you know what your child is doing? Five working moms find five day-care solutions

By Deborah Beros

Ask any working mom and she's apt to tell you that finding good, affordable day care is one of the most difficult, discouraging and doubt-inducing missions she has ever undertaken. And millions of women face it every day. In 1975, according to U.S. census data, 28 percent of mothers with children under three worked outside the home. Today, the number hovers around 60 percent. The majority of these women return to work within three to five months of their children's births, and, on average, spend 7.5 percent of their family's pretax income on child care.

Ladies' Home Journal asked five working moms—all employees at the Kansas City headquarters of Hallmark—to share their child-care challenges, as well as their solutions. If you're a working mother, you're sure to recognize yourself in their stories.

Grandma Knows Best

Janice Wallace and her husband, J.R. Demby, had it all figured out: Once Janice's four-month maternity leave was over, she'd ease back into working with a two- or three-day-a-week schedule. On workdays, Janice's mother, who lives forty-five miles away, would drive over to watch the baby; then, when Janice resumed her full-time schedule, the baby would go to a nearby home day-care center run by a friend.

You know what they say about the best-laid plans.

The first part of the scheme proceeded without a hitch. Rianon Wallace-Demby was born healthy and beautiful on June 26, 1996, and Janice spent four wonderful months at home with her daughter. When the time came to return to work, she found the transition even more wrenching than she'd anticipated.

"It's *hard* to leave your baby," she says. "I'm convinced mothers have a tougher time than the babies." Of course, Janice's anguish was eased somewhat by the knowledge that Rianon was in the care of her own mother. "It make a big difference," Janice says.

When Janice returned to a full-time schedule, she began leaving Rianon with her friend Ginger, who cares for six children in her home ranging in age from eight weeks to five years. (In Kansas, where Ginger lives, a "registered" provider of family day care—that is, one who attests to meeting minimum health and safety standards—is limited to ten children, with no more than three younger than eighteen months. Licensed providers—those whose premises have been inspected by state officials—are allowed up to twelve children, with no more than three under eighteen months. Across the state line, in Missouri, licensing is required for family day care in all but rare instances. Providers are allowed up to ten children, no more than two under age two.)

Unfortunately, Rianon *(continued)*



Janice Wallace, 40, human-resources manager
Husband: J.R. Demby, 39, owns real-estate brokerage
Child: Rianon, 16 months
Weekly cost of child care: $90


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WHO'S MINDING THE KIDS?

Continued

did not take to the new setting. Unaccustomed to noise and bustle, she fussed and refused her bottle. Two weeks into the arrangement, Janice and J.R. decided to call it quits—though they had no Plan B.

Janice's mother offered to step in again. But the couple was reluctant to impose and concerned about the long drive—an hour each way. They were eventually persuaded, but only if Janice's mom agreed to be paid. "She put up a fuss," Janice says, "but otherwise, we would have felt like we were taking advantage."

The result has been a godsend. "Having Rianon at home means we don't have to drag her out in bad weather," Janice says. And because their daughter's not exposed to lots of children, she seldom gets sick.

Despite the security that comes from having her baby in a grandmother's care, Janice still has her rueful moments. The first time Rianon was sick enough to warrant a doctor's visit, Janice couldn't get away. "That made me sad," she recalls. "I needed to be with her."

Still, Janice knows how lucky she is. "You see so many day-care horror stories on TV," she says. "When it's your own mother, you know her values and beliefs; you know what kind of care the baby's getting."

Elsa's Place

"Finding good day care was a nightmare," says Jane Albright, shaking her head. "Unbelievable."

Last December, Jane and her husband, David, adopted a long-awaited baby girl, aptly named Joy. Both stayed home the entire month of December. Jane remained on leave until mid-February, then David took over the home front for another two weeks after that.

"When I was home, I was running around in the dead of winter frantically looking for child care," says Jane, grinning good-naturedly. "By the time it was his turn, the child-care details were ironed out, the weather had turned beautiful, and he could just have fun!"



Jane Albright, 39, editor of Hallmark's daily newsletter
Husband: David Albright, 43, audiovisual producer at Hallmark
Child: Joy, 10 months
Weekly cost of child care: $100

What makes for an amusing story now, however, was anything but at the time. The Albrights couldn't afford someone to come to their home, and no eager grannies or aunts were waiting in the wings. Hallmark's work-and-family services department furnished a list of day-care providers, but when Jane visited the facilities, she was underwhelmed.

"The centers were clean, safe, well lit," she allows. "But all had an assembly-line approach. There'd be eight identical cribs, eight bouncy swings lined up with a baby in each one, and two adults. Nothing really awful—but *so* institutional."

As it turned out, her feelings about these centers were irrelevant, since none had an opening for an infant anyway. "I was conducting this search in January, looking to start Joy in March," Jane says, rolling her eyes at the memory. "People were dumbfounded. They'd say, 'March? *This* March?' At one place I was informed that couples get on the waiting list two years before they expect to give birth."

Family day care was clearly the way to go. Yet when Jane started visiting such homes, she began to despair of ever finding a place that was even adequate, let alone optimal. "I'd find television screens the size of a wall going full blast even during our interview," she says. "And some of the women had their own kids at home, so it was obvious they'd always come first."

After exhausting some fifteen possibilities, the Albrights finally got a break. Through a friend of a friend of a friend, Jane heard about a possible opening for an infant with a woman mothers raved about. "I walked into Elsa's place and instantly f comfortable," Jane says.

As she observed the scen her spirits soared. Elsa r solved minor disputes calm but firmly, and the affecti between her and her litt charges was palpable: Wh parents arrived for picku the kids first ran to Elsa hug her good-bye. Furthe more, the group's cultural m mirrored the Albrights' own diver neighborhood. David accompani Jane on a second visit, and the cou decided they'd found the right pla

But as pleased as she's been w the arrangement, Jane, like mo women, still feels the occasion pang of guilt. "My friends could believe that after all we we through to get this baby, I w putting her in day care," Jane sa "But I love my work and can't p ture myself home all the time. St there's no getting around it: Wh I'm at the office, someone else feeding her apricots."

Mother Goose Makes House Calls

When Cindy Aitken was pregn with her first child, she assumed baby would go to family day ca But when she and her husbar Phil, started making inquiries, th discovered that most providers quire that kids be picked up by fi thirty. Cindy and Phil work lo hours and needed more flexibility

They'd initially dismissed as costly the option of having a ba sitter come to the house. "I when we realized family day c wouldn't work," Cindy says, "e put pencil to paper and adjus elsewhere." By the time th daughter, Erin, was born, they ld solved their day-care dilemma.

Or so they naively believed. "e went through three people that st year," recalls Cindy. "There were dramatic problems, but one wom we hired requested the lunch h off, which we couldn't manage. A other changed professions."

In desperation, Cindy calle a service for a temporary *(continu*



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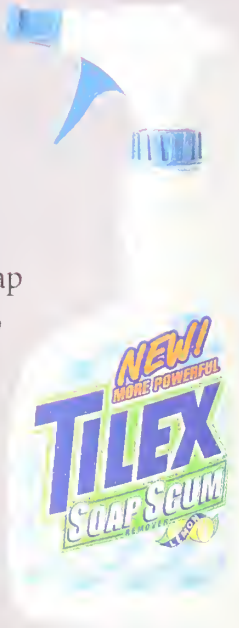
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ter. "They sent Dot," she says, inding as pleased as if they'd sent



Cindy Aitken, 38, human-resource and organization manager
Husband: Phil, 40, manager of a temporary staffing company
Children: Erin, 7, Brian, 5
Weekly cost of child care: $180 for three days

Mother
ose. "By the end of the first day, 'd fallen in love. Thank goodness was looking for a permanent ." A second child, Brian, born a ır later, gave the Aitkens even re reason to be thankful.

By the time Brian was two and n was four, though, Cindy was ling the stress and conflict famil- to every working mom. "As good the care was, there were still five 's a week I wasn't with my kids," says. "Weekends were consumed h errands. We never seemed to ve out any fun time, and Phil l I never had time alone."

She was delighted when Hallmark unusually family-friendly compa- accommodated her request for a e-day workweek, and Dot agreed vork fewer days. But even a seem- y perfect solution doesn't end the ry. This fall Brian starts kinder- en. Dot will pick him up at mid- and Erin after school at three. what about next year, when both s are in school most of the day?

We'll just have to play it by ear," dy says, looking mildly anxious ady. "I know we can't expect to accommodate us indefinitely, she's been with us six years. It's d to imagine life without her."

gle Mother Seeks Ms. Right

t year, when Lucy Gros found self approaching forty, she made solution: The lack of a husband not going to prevent her from lling her lifelong dream of hav- a child.

On the heels of that momentous sion came the unhappy discovery that finding good day care was nearly as big a challenge as "single-by-choice" motherhood. Lucy began exploring options about three months into her pregnancy and quickly ruled out the few commercial day-care centers she contacted. "Some wanted to put me on a one-year waiting list; others wouldn't take my name at all." Though taken aback, she was not overly discouraged. But as she worked her way down her list of in-home providers, her heart started to sink. Most suggested she call back in December, two to four weeks before her due date, explaining that they rarely knew of



Lucy Gros, 40, single mother, customer service representative
Child: Hannah, 8 months
Weekly cost of child care: $80

openings in advance. "That made me nervous," Lucy says. "I couldn't wait that long."

She visited a few of the more promising prospects. "One lady sounded quite good. But when I got there, she wasn't set up for day care at all. An incredible number of children were jammed into an extremely small house. One two-year-old was taking a nap in a playpen with no sheet. And after school her own kids were running through the house with their playmates. My friends said, 'If it doesn't feel right, keep looking.' So I did."

When little Hannah Rose made her appearance in early February, her mother still had no day-care plan. "I was getting panicky," she says. After broadening her search to include the downtown area surrounding Hallmark, Lucy eventually hit paydirt. She phoned Lisa Rosales, who provides day care in her home, then dropped in for a surprise visit.

"It's not a fancy house by any means, but I was impressed with her setup," Lucy says. "Everything was neat and organized, with toys arranged by age group and one room set up with little beds. She showed me her contract spelling out her expectations and said that once Hannah started on solids, she'd give me a daily menu. She was very professional." Relieved, Lucy happily signed on the dotted line.

The actuality of leaving Hannah in Lisa's care was a different matter. "Oh, gosh, it was hard," says Lucy, her eyes welling. She went over every detail with Lisa, then finally tore herself away. At work, as she struggled to concentrate, she was summoned to the lobby. There, she found a bouquet of flowers, along with a card that read "Mommy, I'm okay. Love, Hannah."

"They were from my sister," says Lucy, who burst into tears on the spot. "She knew what a hard time I was having."

Lucy sighs and smiles wanly. "Hannah's at a good place, but there are always things you'd do differently. I know Lisa plays a lot of Disney videos, for instance. So now, Hannah always zeroes in on the TV at home, whereas before she ignored it.

"I just hope she's getting love and being held when she needs to be," Lucy says, getting teary again. "Nothing's ever quite the same as Mom, is it?"

Their Money's on Montessori

Christine Taylor-Butler, an MIT–educated engineer, is a stickler for getting things right. "My husband laughed at me the first time I gave Alexis a bath," she says. "There I was, a wet baby at the sink and three parenting magazines spread before me."

No surprise, then, that Christine approached day care in the same methodical way—though her husband, Kenneth, a family physician who is strongly committed to being "a nonstereotypical father," did much of the legwork—or, in this case, *(continued)*

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phone work. ("Well, I *was* carrying the baby!" Christine points out.)

Since Christine and Kenneth wanted their daughter, now seven, to be around other children and didn't want to be dependent on a single baby-sitter, family day care seemed an obvious choice. But the Taylor-Butlers encountered too many settings where the TV was blaring, and the adults in charge seemed merely to provide meals, change diapers and oversee naps. "We didn't want just a caretaker," explains Christine. "We wanted Alexis to be stimulated." The couple, who is African-American, also sought ethnic diversity.



Christine Taylor-Butler, 38, manager of product planning, manufacturing and printing
Husband: Kenneth Taylor-Butler, 36, family physician
Children: Alexis, 7, Olivia, 2
Weekly cost of child care: $247

These concerns left commercial day-care centers as their first choice. Once they began looking, however, they were often unimpressed. "You go in asking yourself, How clean is the carpet? How bright are the walls? But then other, subtler factors start to emerge. At one place, they proudly told us, 'We don't serve any sugar—we use NutraSweet.' We said, 'Thanks very much,' and moved on."

When Alexis was two and a half months old, they signed on with a center that seemed to fill the bill. "I spent the first couple of days sitting in a corner watching, trying to get used to the idea," Christine recalls. "It's so hard to turn your child over to a stranger."

For a while, says Christine, "we were enamored, but then things fell apart." One morning, she took Alexis to the toddler room as usual, only to find no adult there. She later learned that the teacher was running late, the center's director hadn't arrived yet, and no one realized the children were unsupervised. As Christine waited, she was appalled not only by the slipup but by the conduct of parents. "They just stuck their kids in the door and took off," she says, still amazed. "They didn't kno didn't even ask who I was. N to say, we're no longer at tha care center," Christine adds wr

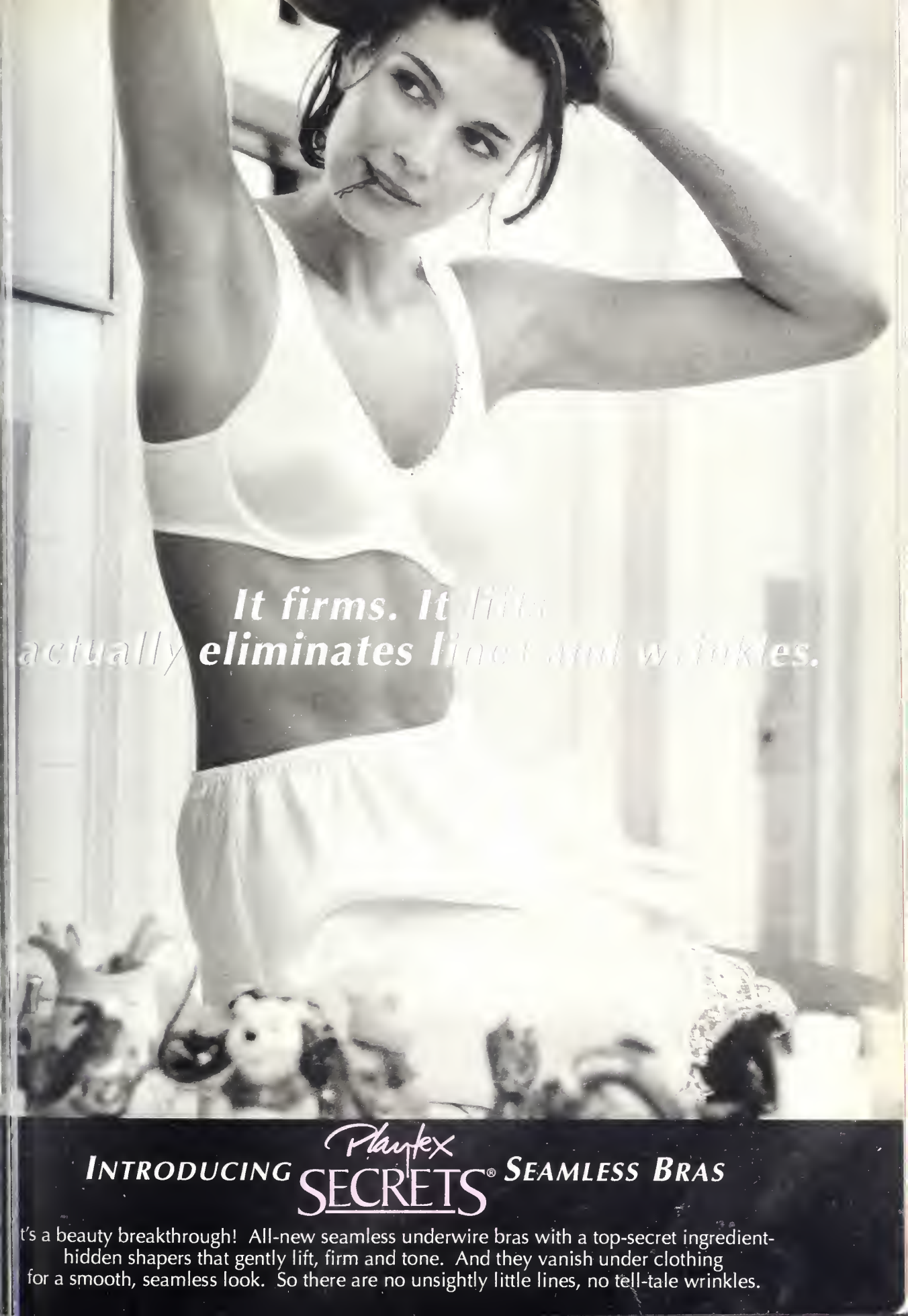
Eventually, the Taylor-Butle ditioned" Union Hill Day S which sits in the three-block d between Hallmark and Kenneth pital. The facility's Mon orientation, with its empha independence and conceptual appealed to them; they enrolled and, later, he Olivia, now t

One decisi vastly simplif couple's da dilemmas: K ways come career. "K could make as much in practice," C says, "but he chose a faculty with more flexible hours. what's best for your family compromise." When one of the sick, Christine spends the mo home and telecommutes, us laptop. Kenneth takes over in ternoon, when no patients are uled. "When Alexis had chicke Christine says, "I took off t two days and he took the last

Many parents gripe about of day care, and Christine a edges that it *is* expensive. "Bu care workers still don't ma much," she points out, addi middle-class parents often fo poorer parents face the sam lems they do, but with far fe sources. "Luckily, we're now," she says, "but I rer making close to minimum Even thirty dollars a week when it's a big chunk of y come. All parents want the their children, but sometim just can't afford what they wa

Even when everything is go Christine says, "I don't think ever gets it one hundred perc There's no one perfect solutio

Deborah Beroset is a contributi to Ladies' Home Journal.



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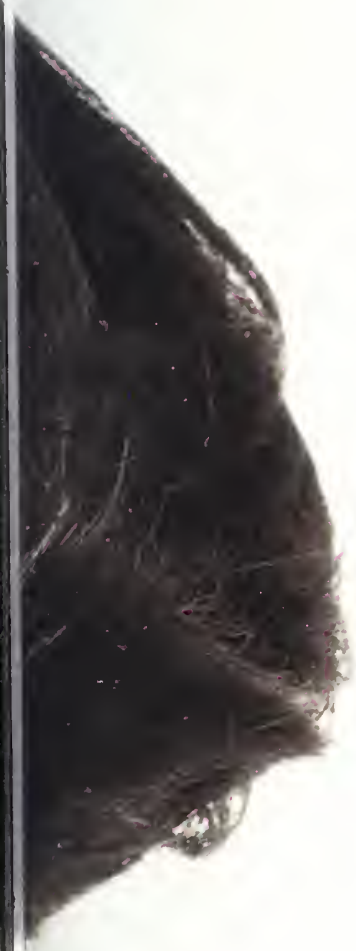
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30 Days to less stress and more energy

A truly possible and practical plan to help working moms find hidden time and energy

By Susan A. Fiske

Most working moms embrace chronic stress and exhaustion as a way of life. A recent study from Cornell University, in Ithaca, New York, found that in homes with two children in which the mothers were employed, parents spend 7.3 hours a day on child rearing, compared with 7.7 hours in homes where the mothers weren't. The truth is, the person who is usually left out of the equation is the working mom herself. You can turn the tide on this, though—and you should. In addition to taxing your mental well-being, stress undermines the immune system and can increase susceptibility to infections, heart disease and cancer. Just a few lifestyle adjustments go a long way toward reducing stress and boosting energy. Here, our easy plan to add one new stress-buster each day.



Wednesday, October 1: Take a walk Find at least five minutes (twenty if you can) and set off at a brisk pace. Studies now show that several short bouts of physical activity during the day produce the same benefit as one long session of continuous exercise. Then figure out how many times this week you can squeeze in a longer walk.

Thursday, October 2: Sidestep your biggest stress button Identify what triggers stress for you—it's easier than you think. Fo Cathy Shambley-Baer, an actress and theater teacher and mother of three, it was the dinner hour. Just recognizing that it's the worst part of her day has helped. "It's when my two-year-old is cranky and my twelve-year-old and eighteen-year-old need something from me," she says. So she spends a little time alone with each of them. The kids are satisfied—and she's more relaxe



Friday, October 3: Don't bring work home this weekend Three out of four people who work in a large office (100 people or more) work on the weekend, according to the Steelcase Workplace Index, a semiannual survey of workplace trends in the U.S. This Friday, leave wor without a briefcase. Even if you need to go in early in the morn to finish the week's work, the free-and-clear weekend is worth it.

Saturday, October 4: Entertain just one couple You do have to become a hermit because you're too busy to give big dinner parties. Instead of planning a whole event, consider a smaller, casual meal with a couple whose company you enjoy.

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Sunday, October 5: Rest One thing working moms never do is nothing. Today, take ten minutes to relax. Sit still, breath deeply and if some undone task comes to mind, just jot it down so you can do it later.

Monday, October 6: Make a list "Keeping lis is a very effective way to reduce stress when you're very, v busy," says Charles B. Inlander, president of the People's Medical Society and co-author of *Stress: 63 Ways to Relieve Tension and Stay Hea* (Walker Books, 1996). "Highlight what absolutely needs to be done that day. Stress is reduced as you see yourself accomplishing these things." Update thes every evening.



Tuesday, October 7: Change your voice-mail message at work If you're inundated with phone calls, you can weed some out by leaving a message saying, "Please send a fax with all the information." If cal constantly need to know the same piece of information, su as what time your business closes, put that on the messa

Wednesday, October 8: Start having a weekly take-out night Ask your husband to provide dinner—Chinese or pizza, his choice—one night a week. It might even get him cooking!



Thursday, October 9: Never lose your car keys



We spend almost a full day each year looking for misplaced keys. To avoid thi hassle, keep a basket by the door for keys, gloves, umbrellas—anything you might need when you head out the doo

Friday, October 10: Cut down on the housecleaning Ponder this: Does your house real need to be spotless? Can't the laundry pile up for a few more days? "Work at things that are most important to yo and let some of the rest of it go," says Robert A. Hicks, Ph.D., a professor of psychology at San Jose State University, in California.

Saturday, October 11: Spend an hour organizing your closet—and save ten minutes every morning Who hasn't had to de with the daily anxiety of pulling together an appropriate ou while morning chaos is breaking loose all over the house Organize the contents of your closet so work clothes are p front. Also, pare down your wardrobe: If a blouse doesn't go with any of your skirts or you haven't worn it in a year or tw

rid of it. Do the same with your makeup—choose the ırs that work and chuck the rest.

nday, October 12: Set a dtime—for yourself



There benefits to going to bed at the same each evening, but don't try to force nnatural schedule. Your body has a when it's ready to fall asleep. If you up later, you're likely to be wide awake for rt ninety minutes.

nday, October 13 (Columbus Day): Do e workout

"Someone who exercises is going to have energy at five P.M. than a non-exerciser has at noon," Levi Query, an exercise physiologist at Adventist Medical er, in Portland, Oregon. Last year, the Surgeon General's rt recommended thirty minutes of moderate activity daily promoted the benefits of gardening, pushing a stroller, ıg leaves and taking the stairs instead of the elevator.

sday, October 14: Know your rhythms

u're at your best in the morning, deal with potentially sful chores, like confronting a co-worker about a poorly uted project, before lunch. But if early hours are bad for use that time for opening mail and organizing files.

dnesday, October 15: Call a time-out

aren't the only ones who need them. If a situation is ing stress, walk away from it for a while. Sharon Higdon, ther of two who is the vice president of marketing and nunications for the Portland Trail Blazers, can get from ffice to home in fifteen minutes, but on particularly sful days, she takes a longer route to clear her head.

rsday, October 16: Don't work on your ch break

Today and whenever you can, take the time are lunch with a friend or go for that walk.

lay, October 17: Switch off that sitcom

working moms believe the only way to be alone is to a shower! Instead of watching TV with your family, claim ıalf hour for yourself.

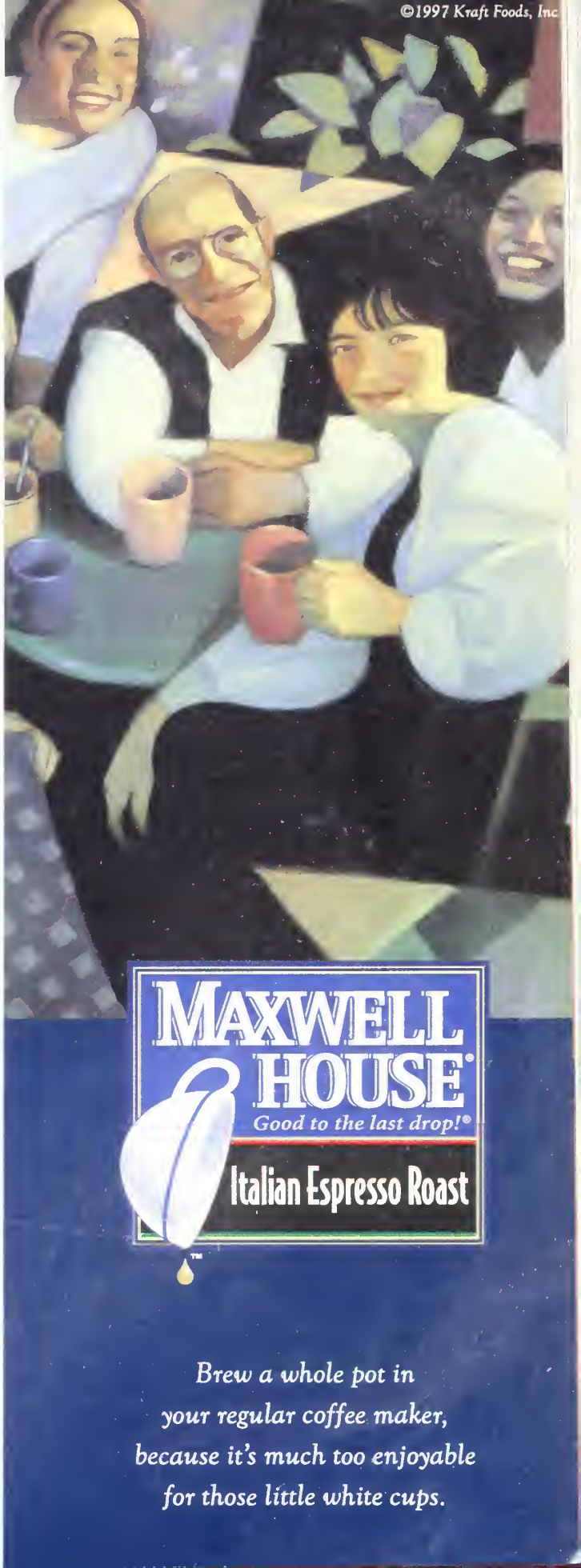
urday, October 18: Have one session ı a personal trainer to learn strength rcises



Just one strength workout will boost your energy level and your mood. Wayne Westcott, Ph.D., director of strength training for the South Shore YMCA, in Quincy, Massachusetts, studied time-pressured people to see the effect of a fifteen-minute workout (a brief cardio session and three strength exercises) three times a week. After weeks, the subjects had lost four pounds of fat and two pounds of lean muscle (which boosts oolism and strength).

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Continued

Sunday, October 19: Call a good friend



Emotional connections keep us happy and healthy. A new study just found that a social network even helps keep colds at bay. And remember, those quick chats to arrange carpool schedules don't count. Have a good talk for at least fifteen minutes.

Monday, October 20: Get help

There is nothing wrong with admitting you can't do everything yourself. If you can afford it, hire someone to clean your house and cut the lawn. Also, consider asking family members to spend time with your children to give you some free time—or take turns watching the kids with friends and neighbors.

Tuesday, October 21: Stretch out

"In times of stress, we tend to tense our shoulders without realizing it," says Inlander. To loose the muscles, lower your head towar your chest and then roll it to the rig then left, trying to touch each ear t shoulder. Repeat five times.

Wednesday, October 22: Sign up for time-saving services

Have your paycheck deposited directly into your checkin account and arrange to have as many bills as possible deducted from your account. Banking by phone or on-line also saves time. Purchase a coffeemaker with a timer that you can set befor That way it will go on by itself at th same time each morning. And get c that turns off automatically, so you need to panic midday wondering if setting the house on fire.

Thursday, October 23: O one day, eat regular, nutritious meals

Shamble Baer can tell immediately when s hasn't eaten well. "I don't have t same amount of patience," she s "I can't take care of the things I to." Georgia Kostas, M.P.H., R.D. nutrition director at the Cooper C in Dallas, and author of *The Bala Act Nutrition and Weight Guide* (Quebecor Printing, 1996), recommends spacing meals four hours apart and filling in with sna when necessary. Start with one d good habits and then decide if yo want to make the new plan stick.

Friday, October 24: Buy a headset

So you'll look like a telephone operator—who cares? job requires you to be on the pho a lot, don't cradle the phone betwee ear and shoulder. This also will all you to get up and walk around or a bit while talking. You can get on your home phone, too.

Saturday, October 25: one extra thing

Remembe to-do list? There's a tremendous release to crossing something off Pick one small task that never se

lone and do it first thing in the ning. And if "Make Halloween umes" is still on the list, go out buy or borrow one.

nday, October 26: Revel ound time When you set the cs back, take that extra hour for self—sleep, read or just relax. "A le of weeks ago, I had to give a and I finished early," says Alice D. ar, Ph.D., director of The Center of en's Health at Harvard Medical ol's Division of Behavioral cine and mother of a twenty- h-old. "I could have picked up my hter early from day care, but ad I went home and read the r. I felt a little guilty, but I was r for doing it."

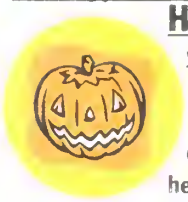
nday, October 27: Eat a n-energy snack To maximize y, combine foods with protein, hydrates and fat at each meal. breakfast of a banana, two slices ole wheat bread and one spoon of peanut butter. For lunch try a chicken sandwich on whole wheat bread with a teaspoon of mayonnaise, lettuce and tomato slices, a small orange and some pretzel sticks. For dinner, have three ounces of grilled salmon with one cup of steamed vegetables, one half cup of noodles and a piece of fruit.

Tuesday, October 28: Take quick breaks at work We're not advocating slacking off, just a few minutes to step away. Holding the body in the same position for a long period of time—say, in front of a computer—drains you of energy. Keeping your eyes glued to a screen also causes fatigue. Look away from the screen every ten or fifteen minutes and get up at least once an hour.

Wednesday, October 29: File, don't pile Starting today, go through the mail just once, file what you need to save and get rid of the rest.

Thursday, October 30: Cut back on coffee One of the biggest mistakes you can make when stressed out is turning to coffee, tea or caffeinated soda for a pick-me-up. Too much caffeine actually undermines energy levels. Because caffeine is a diuretic, it causes dehydration, which is fatiguing. Kostas recommends no more than two cups of coffee or other caffeinated beverages per day. And for every cup of coffee you do drink, have a glass of water to stay hydrated.

Friday, October 31: Happy Halloween! Use all you've learned to have a relaxed holiday. Take young kids out before dinner. Let older kids help give out candy at home. And have fun—that's the best stress-reducer of all. ●



Susan A. Fiske is a busy freelance writer and mother of a two-year-old. Next month, she'll be learning to be even more efficient after the arrival of her daughter.





In the McNabb household, Mom brings home the bacon and Dad cooks it —and that suits them just fine

By Michele Morris

Honey, I Raised the Kids



At home and in the office, role-switching works

Chuck McNabb peels carrots, dices celery and cuts up chicken for dinner. Just as he's ready to toss everything into his new stockpot, three-year-old Devan comes scooting around the corner, cradling her elbow. "Daddy, I hurt my arm," she whimpers. Chuck wipes his hands on a dish towel and kisses the boo-boo. No sooner has he turned back to the stove when five-year-old Ian and a playmate run in for cups of juice, with big sister Lauren, age seven, right behind them, demanding a cookie. Shooing the pint-size mob away, Chuck announces with a light chuckle, "You kids are driving me crazy. Get out of my kitchen."

And his it is—not just on weekends, but every day. The "Charles McNabb" brass nameplate hanging over the stove is a relic from his days in the office. For the last five years, Chuck has stayed at the family's home with their four kids while his wife, Deborah, works.

Call him unusual. Call him a pioneer. Just don't call him Mr. Mom.

Role reversal

No one is sure exactly how many at-home dads there are, because no one has thought to ask. Estimates range from 340,000 to two million, but Lynne M. Casper, Ph.D., a statistician and demographer at the U.S. Census Bureau, says these are just guesses. "These guys are something we've never seen before," she says. "Five years ago there was no hint of a reason to study them; they were so rare and unpublicized. We're just at the ground level of trying to figure this out."

So are the McNabbs, who didn't plan it this way. Chuck and Deborah, both thirty-five, met at Alma College, in Michigan, as pre-law students. "I always assumed I'd be a working mother," says Deborah, an only child who grew up in Miami. "My mother was a working mother—a teacher." Deborah and Chuck married, Deborah went to law school, and she eventually landed a job as a referee (what most states call a magistrate) in the Michigan circuit-court system.

Chuck's career path was much less linear. He worked first as the house manager at a Chicago repertory theater, then went on to managerial jobs at various retail stores. When they moved to Grand Rapids he got a job at the Amway Grand Plaza Hotel, where he worked his way up to manager of convention services. Their lives on track, the McNabbs bought a house in the nearby farming community of Dorr, Michigan, and had their first child, Lauren, in 1990.

But success had its drawbacks. Chuck's sixty- to eighty-hour weeks included nights and weekends, not to mention *(continued on page 8*


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Continued from page 84

any number of crisis calls at three in the morning. "Chuck had such a crazy schedule that we hardly saw him," Deborah says. "I felt like a single mother. It put pressure on our marriage."

Then the McNabbs ran into a streak of bad luck, starting with the closing of the day-care center Lauren attended. Five weeks after Ian was born in 1992, Chuck lost his job in a wave of cost-cutting. The couple tried to remain optimistic, thinking he might find a less demanding line of work. For about a year, Chuck collected unemployment and sent out résumés. But there were no other jobs that paid as well.


Weekends, the whole family hangs out together

Gradually, the couple came to realize that having Chuck at home would benefit everyone. "It was an evolutionary process," says Deborah. "We had talked about him staying home after we'd figured out how expensive it was to keep two kids in day care. Once I found out I was pregnant with Devan, it became a fait accompli."

Only on weekends does their household look like all the others on the block: Deborah cares for the troops while Chuck does yardwork or repairs. But there is one weekday homemaking chore Deborah still takes responsibility for: buying groceries. "The last time I took the kids shopping was a nightmare," recalls Chuck, rolling his eyes. "I needed two carts, and I still had two kids to worry about." Not to mention having to answer the inevitable question from the cashiers: "Is Mommy home sick?"

A father's work is never done

By the time the sun rises over the woods behind the McNabbs' split-level house, Deborah has showered, dressed and packed a lunch. By seven-thirty she is out the door, looking chic and professional in a navy-and-red silk dress. "At times I wish that I were the one staying home," she admits. "But some days when everyone is crying, I close the door and breathe a sigh of relief."

Wearing his uniform—a faded T-shirt, jeans and slippers—Chuck stands in the doorway with two-year-old Erin and waves good-bye. Then he puts her in the high chair, hands her a cracker, pours himself a cup of coffee and whips up a crowd-pleasing breakfast: oatmeal with cinnamon sugar, and hot cocoa.

Lauren dawdles as she gets up, but her dad doesn't rush her, even though she needs to hurry for school. "I'm used to their speed," says Chuck as he takes a lint brush to her sweater. "Deborah nudges the kids more than I do. She's not used to their rhythms." Breakfast done, he eases his oldest daughter into her jacket, hands her a backpack and sends her to meet the bus at eight-thirty. "I love you," he calls after her. "Learn something."

Chuck, whose own upbringing by an at-home mom and working father left him unprepared for this new role, admits that it's more challenging than he ever expected. "I thought that staying home would be easy. I thought that the house would be beautiful, freshly painted, well maintained, that I'd have time to do projects." He chuckles at his own naiveté. Even when he does tackle a big chore—like building the garage with the help of his father and brother-in-law—he always has to keep one eye on the children.

It stands to reason that Chuck handles most of the kids' squabbles and misbehaviors, and he doesn't hesitate to impose time-outs or groundings. "I take care of them on the spot," he says. "I never say, 'Wait until Mommy gets home.'" But on the flip side, when the kids scrape their knees or have nightmares, it's Daddy they call for. Deborah admits, "It was tough at first when the children went to him instead of me. But I tell myself that it's better for them to have one parent at home than none."

Like all kids, the young McNabbs can be a handful; Chuck compares his life to playing zone defense in basketball. Devan is his biggest challenge: "If she's quiet, I know I'm in trouble." With the bravura of an acrobat, the devilishly cute toddler climbs up the entertainment center as if it were a jungle gym and lugs pails of water down the basement steps. "I don't know how you handle Devan," Deborah marvels after hearing that her daughter put liquid soap in Ian's hair. "It would drive me nuts." With a shrug, Chuck says, "I was a crisis manager at work. These are things I can handle."

"Chuck is more laid-back than most moms," says Terri McLain, a neighbor and friend who first met Chuck at their children's soccer practice. "I can see that in his kids. They seem a lot like him; they're calm and they don't yell."

Stretching one salary

As Deborah arrives home at five-thirty, the three older children run to the door and Erin squeals with delight. Mom rushes to change into jeans, then nuzzles Erin as the others cluster around. "Mommy, will you make French braids?" asks Lauren, waving a brush. Chuck occasionally attempts pigtails, but the girls know that Deborah has more of a way with hair.

(continued)


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After dinner, while Chuck clears the dishes, Deborah lingers at the table and listens to Lauren tell a story. Much too soon, it's time for bed. Once everyone is tucked in, the weary parents collapse in the living room and talk. Eventually they'll migrate downstairs for their second shift: Deborah pays bills while Chuck folds laundry in front of the TV.

Looking around the unfinished basement, the couple often dream of turning it into a master bedroom with bath. But on their one $50,000 income, even small luxuries are hard to come by. Their clothes are mostly from discount stores, and they can't afford to replace their much-used 1991 Ford Explorer.

"We don't fight over money," Deborah says. "But everything always comes down to that. We're so close to being comfortable. Another ten or fifteen thousand dollars a year would make a huge difference in our quality of life." They've explored the idea of a sideline business but have yet to act on it. "Some people have suggested that I take in extra kids for more money," says Chuck, making a face. "Right."

Last fall the money game turned serious. Deborah was recruited for a position that paid more, but it wasn't a long-term spot. The couple spent long hours discussing the pros and cons, but it finally boiled down to one thing: "I'm the breadwinner, and I can't take a risk," she says. The county lawyers have begun to unionize since then, and Deborah hopes that salaries may increase during upcoming contract negotiation.

An isolated life

The next morning, Chuck runs errands. He stops by the library with Devan and Erin to return some books and to chat with librarian Suanne Wierenga. The tiny facility is the center of Chuck's social world: He's president of the library board, and the monthly meetings are one of the few times he's out on his own.

What really helps Chuck feel connected to the outside world is *At-Home Dad*, a newsletter for home-based fathers that he discovered several years ago. Now he participates in a weekly fathers' chat room on America Online (*dadtodad@aol.com*), where men across the country share anecdotes, tips and problems. "The dads' group has been a godsend," says Deborah. "It's like the office watercooler."

That and regular calls from his wife are Chuck's lifelines. "It's not that I wish I was working," he says, "but I sure wish that I had a break." So does his family. "We worry about Chuck," says Charlene Miotke, his older sister. "He doesn't get out enough, and he has no companionship with other adults."

It's true that Chuck seldom sees his old friends, and even then, "I have more in common with their wives," he admits. "When [my friend] Dave's wife was pregnant with her third child, she asked *me* for advice."

To Chuck, the corporate world belongs to another lifetime. "I want to make sure I raise four brave, clean, reverent citizens," he says

"I'm raising individuals"

Deborah has clear goals for her life. "I want to be a judge someday," she says, flipping on the light switch in her hearing room. In this government setting, she's the boss. "By nature, I'm a mediator, but here I set the rules," she says. "I hear child-custody cases, visitation cases—hard-core cases. By the time people see me, they can't work it out. They are beyond negotiation." With one last look at the empty chairs, Deborah says, "It reminds me how good I have it."

About her husband's future, Deborah is matter-of-fact: "When Erin is in school, he'll get a job." They haven't talked specifics, but both agree that he'd have to find something flexible enough to let him continue his after-school parenting duties. Still, Chuck admits, "If I had my druthers, Deborah would make enough money so that I'd never have to go back to work."

Yet not everyone is entirely enthusiastic about that choice. "My dad was an engineer, but I never had the aptitude for math," Chuck says. "That was a source of frustration for him. Now he worries about what I'll do someday." His sister does too. "When his kids are in school, what will he do?" Charlene asks. "How will he feel about himself?"

Chuck has no such qualms. To him, the corporate world seems to belong to another lifetime. Even if he could return tomorrow, he doesn't see a clear career path. Every so often he muses about other possibilities—say, going back to law school—but for now, parenting is his life work. "Four individuals are going to be what I'm doing. I want to make sure I raise four brave, clean, reverent citizens."

With a little help from their friends. One Saturday afternoon Mary Collins, an old college pal, brings Lauren and Ian back from an outing to see *101 Dalmatians*. As the kids chatter about Cruella DeVil and the puppies, Chuck invites Mary to stay for dinner. Over dessert, disaster strikes—while removing his homemade peach sorbet from the Cuisinart, Chuck cuts his thumb on the blade. Blurting an expletive, he grabs a dish towel to stanch the bleeding. Deborah examines the wound and decides that it will require stitches. "I'll stay with the kids," Mary offers. "You drive Chuck to the ER." As the moon rises above the tops of the trees, the McNamaras pull out of the driveway.

It's the first time they've been alone in two years. ●

Michele Morris is a former editor of Working Woman magazine.


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The New Rules for Getting Ahead



Negotiate late hours before you take the job

If you're basing your current job strategy on the old school of thought, it's time to face reality—and jump to the head of the class

By Sharon W. Linsker

Downsizing, flexible work arrangements, global technology—including E-mail and the Internet—have all altered the way we work in the nineties. So has the strong presence of women. There were 61,857,000 of us in the workforce last year—an increase of 18 percent over the last ten years. And while changes keep coming with amazing speed, myths about workplace rules are slow to go. Here are the most common misconceptions, and advice that will help put your career on the fast track:

Myth Your loyalty is to your company.

Reality Your loyalty is to yourself.

In the nineties, companies got leaner to face the competition. However, as they abruptly let employees go, they tarnished their image as a benevolent parent—and lost the loyalty that employees once felt. Take Marian Crawford, forty-three, an interior designer from Hawthorne, New Jersey, who used to design department stores for clients in the United States, London, Brazil and Israel. Crawford had been with one architectural and design firm for over fourteen years, rising from senior draftsman to project manager to vice president and project director before the organization laid her off in September 199 in an effort to cut costs. Her perspective now: "You have to look a every job as being temporary."

In other words, never take you eyes off new opportunities. "Th number-one new rule is to take th initiative in furthering your caree even when you have a good job, says Batia Wiesenfeld, Ph.D., assi tant professor of management at th Stern School of Business at Ne York University, in New York Cit That means working to please yo customers and your wor team, not just your boss. also means making yours invaluable to your comp ny—and to future emplo ers. Wiesenfeld advise "Build your skills- don't build loyalty." So, how can y serve your compa enthusiastically, y

(continued on page 9



Women aren't always the trailing spouse anymore

Lysol® BRAND presents

THE HEALTHY HOME™ & How To Build It.



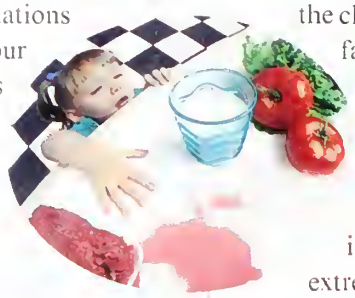
Do you ever get the feeling you're resident architect, interior decorator and contractor all olled into one? You ould probably write a ook on bathroom tile. And let's not ven get started on the topic of countertops. When t comes to designing and decorating your house, ou're the pro.

Laying the Foundation

But what about keeping your beautiful home healthy? Because you've got to ask yourself, what good are new countertops or floors, if dirt and germs are ready to move right on in? If you want a home that's as healthy as it is comfortable, you're ready for some advice from the cleaning and disinfection experts who bring you LYSOL® Brand Products.

At the Heart of the Home: Your Kitchen

Have you ever noticed how everyone always winds up in the kitchen? Whether it's to cook, eat, or just hang out, there's simply no place with more connotations of home than your kitchen. And there's no place that can be quite as harmful to the health of your family.



Food poisoning strikes up to 81 million people every year.

We love to blame restaurants for food poisoning, but the truth is we are more likely to get food poisoning caused by Salmonella at home. While eating undercooked meat or poultry is the main way to contract food poisoning, there's another way that's often overlooked.

What is cross-contamination?

Cross-contamination, as the experts call it, occurs in the kitchen. This is how it works. You're preparing chicken for dinner. The bacteria on the food are killed in the cooking process, but that doesn't account for what's left behind on your hands, the utensils, or on the cutting board. So if you plan to make a salad next, and any of your fresh ingredients come in contact with those surfaces, they can become contaminated. And so the chances increase that your family may become ill.



Don't underestimate bacteria. Sure, you're thinking, my kitchen looks clean. But is it disinfected? If that sounds extreme, you're underestimating the staying power of the leading causes of food borne illness—such as Salmonella, E.coli and Listeria. These bacteria can be found on hard surfaces for several hours to several days. And many cleaners used in the kitchen don't kill them. One very important exception is EPA-registered **LYSOL® Antibacterial Kitchen Cleaner.** It cleans the greasy messes you're likely to find in the kitchen, and kills most of the harmful bacteria you can't detect.

10 easy steps to keep your kitchen (and family) healthy:

1. Always wash your hands before during and after preparing a meal.

2. Never buy any food with an expiration date.

3. Refrigerate fresh food to keep safe and always make sure it's well wrapped or put into a container to avoid leakage.

4. Freeze meat, poultry and seafood within a couple of days of purchase.

5. Always defrost food in the refrigerator, not on the counter. Warm temperatures promote growth of bacteria.

6. Make sure all your utensils are clean before you start preparing a meal.

7. Start every recipe by cleaning and disinfecting the counters with **LYSOL® Antibacterial Kitchen Cleaner.**

8. Always make sure to cook meat, poultry and eggs thoroughly.

9. Run all cutting boards, knives and sponges through the dishwasher when you're done. The extremely high temperature will kill bacteria on utensils.

10. Spray the garbage pail with **LYSOL® Disinfectant Spray** to kill odor-causing germs.

After all, you should enjoy your kitchen as the haven it was designed to be.

Critical Areas.

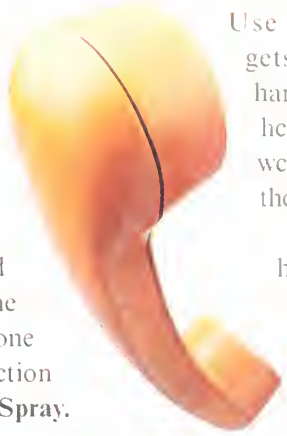
Even the most perfectly laid-out house has its "hot spots." They look innocent enough, but may affect your health. Especially when they harbor germs like rhinovirus, the leading cause of the common cold. Consider the phone handle, or the kitchen faucet. And let's not forget the front doorknob. These are the places everyone comes in contact with, which makes them the perfect crossroads for germs. And the perfect place to regularly use **LYSOL® Disinfectant Spray.**



THE HEALTHY HOME™: It's all in the details.

p interior designers agree: it's the little ngs that make the difference. Well, en it comes to keeping a home healthy, same thing applies. The difference tween just cleaning and *cleaning and infecting*, takes no extra effort, yet it nes with a payoff.

Choose carefully. Unlike regular household aners, LYSOL® Brand Products have the wer to disinfect, as well as clean, in one y step. Also make sure your disinfection enal includes **LYSOL® Disinfectant Spray.**



Use it regularly on surfaces everyone gets their hands on—doorknobs, phone handles, faucets, the garbage pail—and help stop the spread of the rhinovirus, as well as other contagious germs, dead in their tracks.

Wash those hands! It's one easy way to help stop germs. Because you can't control what their hands bring in from the outside world, but you can help stop their germs from spreading throughout the house.

THE BUSIEST ROOM IN THE HOUSE: YOUR BATHROOM.

he bathroom—talk about a high-traffic area. It's the one room everyone uses several times y day. It's also the one room that vides the ideal damp environment for teria to flourish. No wonder it's the Americans clean most. Twice a week verage. But how do you know clean means healthy?

s for a healthy bathroom.

1 Always use cleaners that both clean and ıfect the specific area of the bathroom. For athtub, sink, and countertops, there's L® **Basin Tub & Tile Cleaner.** It's perfect for tackling problems like stains or soap scum, and killing germs that lead to athlete's foot and even rhinovirus, the cause of the common cold. And for the toilet, there's LYSOL® **Toilet Bowl Cleaner.** It will clean rust stains and eral deposits, as well as kill germs like Salmonella E.coli.



2 Keep your bathroom ventilated. The less damp air, the less chance bacteria get to multiply.

No. 3 Make sure towels and washcloths don't end up on the floor, but are hung up to dry. If anything starts to smell musty, that's a red alert that mold and mildew have taken hold.

No. 4 Ever had an outbreak of mold and mildew in the grout between tiles? Sure it looks awful, but did you know that mold and mildew are also a common cause of allergies? To clean away these nasty visitors, use LYSOL® **Plus Bleach All Purpose Cleaner.** Once gone, spray your bath, tiles and shower curtain regularly with LYSOL® **Disinfectant Spray.** It'll actually help keep those moldy guests from coming back.

No. 5 If there's a nasty white buildup dulling your bathtub, don't fret. That's actually mineral deposits from hard water. To kill the germs that can hide there, and put the sparkle back in your tub, just reach for LYSOL® **Hard Water Stain Cleaner.**

No. 6 Keep the toilet cover closed when flushing to prevent germs from dispersing into the air and spreading around the bathroom.

No. 7 For quick and easy germ control between cleaning, use LYSOL® **Disinfectant Spray** regularly on all germ-prone surfaces in your bathroom.

STOP GERMS FROM RUNNING AMOK IN THE FAMILY ROOM

Kids are the culprits. One of the reasons we suffer from more colds in the fall and winter is that our kids are in school, sharing toys, books and germs with each other and with us. That means kids could have 4 to 6 colds a year, even more when they are younger. Which doesn't exactly bode well for your family, does it? The good news is that a recent day care center study* shows LYSOL® Brand Products can play a role in preventing the spread of germs. In fact, when LYSOL® Brand Products and frequent hand washing were made part of an infection control program, the number of respiratory illnesses among the day care students was cut by one-third.



Where have those hands been?

You already know that kids love to touch everything. Unfortunately, that includes germs. So the best way to keep your kids healthy and the rest of the family protected to boot is hand washing. It's one easy way to help prevent the cold virus and other germs from travelling.



How to target germs. Just use LYSOL® **Disinfectant Spray** regularly in all the play areas of your house. In fact, you should spray all the surfaces your little ones get their hands on—phone handles, doorknobs, refrigerator doors. And you can even spray toys directly, according to label directions. In fact, 2 out of 3 pediatricians** recommend LYSOL® **Disinfectant Spray**. So, if your kids do bring home a nasty germ, it hopefully won't spread to everyone else.

THE HEALTHY HOME™ IS A HAPPY HOME.

For over 100 years, the cleaning and disinfection experts that bring you LYSOL® Brand Products have brought you new and better ways to hold dirt and germs at bay. Today they offer you a wide range of products to choose from. That's because they know that different homes, different families and different lifestyles all come with different cleaning and disinfection needs. So your home is the cleanest and healthiest it can be.





Please call 1-800-99-**Lysol**® for additional tips on **The Healthy Home.™**

* "Impact of an infection control program in a specialized preschool," American Journal of Infection Control, June 1996.
** Survey conducted among 200 pediatricians at the American Academy of Pediatrics Convention, Boston, MA, October 1996.

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FOR GETTING AHEAD

from page 92

loyal to yourself? In today's
ce, you need to find pleasure
work itself and satisfaction
ily dealings with co-workers,
esenfeld. And businesses still
"After all," she asks, "what
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Adaptability is what's needed
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IBM spokesman.

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old hierarchical organiza-
e power was at the top,"
ette Simmons, a designer/
nt of Group Process Con-
ased in Greensboro, North
and the author of *Territorial*
Understanding and Ending Turf
Work (AMACOM, 1997).
en, the smart employee kept
to the party line and told her boss what she or he wanted to hear." But in the late nineties, things are different. Most managers realize they can't see the big picture by themselves. They need employees who can fill them in—and who are willing to disagree if they feel strongly about an issue.

But whether you're telling a manager that a schedule can't be met or that conflicts among employees are hurting office efficiency, how you speak up is key, says Simmons. First, recognize that a compelling desire to "tell the truth" may be an emotional reaction. Her advice? "Cool off, calm down and lighten up." Then, if you decide to raise your point, be prepared to do more than give your opinion: Bolster your case with data. Finally, play to your manager's desire for control by asking for permission to elaborate. For instance, try saying, "I have information that might help you do X or achieve Y." It's an entirely different strategy, says Simmons, from plunging in with, "Here's what you really ought to do."

Myth You need to work overtime to get ahead.

Reality When you're hired, you can strike an agreement to work regular hours—but you must be available to stay late for emergencies, deadlines and peak periods.

"Depending on your boss and the company culture, you may not have to put in excessive hours of overtime and sacrifice your personal and family life for a career," says Leslie B. Prager, a founding partner of The Prager-Bernstein Group, a career counseling and outplacement firm in New York City. What's critical, she advises, is to be direct from the start: Ask about the work environment and expectations at the interview, and reach an agreement on hours you'll be expected to work before taking the job. And you'd be amazed at how much using your time wisely can help. If you forsake that half-hour chat on the phone, you can finish *(continued)*



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up your assignments without staying late—giving you extra time in the evening with your family.

Myth You must work full-time to advance your career.

Reality A small but growing number of companies encourage part-timers to move ahead.

It used to be that unless an employee worked full-time, she was taking a quick step from career track to mommy track. Now, some women are being promoted while working part-time, especially in professional-service areas like accounting and law. "More and more firms are recognizing the need to retain women partners, and they see reduced-hours scheduling as a way of doing that," says Jackie Church, a consultant at Boston's WFD, a management-consulting firm.

Take the case of Deloitte & Touche, one of the nation's leading accounting firms, where individuals can work reduced hours and still become a partner. Flexible work arrangements help the firm hold onto its talent, reports Amy Ray, a public-relations specialist at the firm. Indeed, 93 percent of the people choosing reduced-workload arrangements say they would have left without that option.

Myth Families relocate when husbands take on new jobs.

Reality Increasingly, women call the shots when it comes to a move.

The profile of the typical transferee is a married man, thirty-five to forty-five years old, with two or more school-aged children. But that profile is quickly changing. More women are accepting transfers than ever before, says Lori Hurst, senior editor of *Reports on Relocation*, a publication of Runzheimer International, a management-consulting firm in Rochester, Wisconsin. In fact 26 percent of 1996 transferees were female—up 10 percentage points since 1993, she says.



On-site child-care centers take the pressure off Grandma

What's driving the change? Partly, it's the recognition within many families that the wife's work is just as important to her as her husband's is to him. Often, the decision is economic: A 1995 study by Families and Work Institute, a research organization based in New York City, showed that among married couples, 48 percent of the wives earned as much as their husbands, and of those women, 15 percent earned more than their husbands.

Myth If your child is sick, your only option is to stay home from work, unless Grandma lives nearby.

Reality Some companies offer sick-child programs and the chance to take off just a few hours without jeopardizing an entire personal day.

These days, Grandma most likely lives in another state, or she's at work herself. But increasingly, companies are recognizing the need to ease things for working parents. According to a 1996 survey conducted by Hewitt Associates, a management-consulting firm based in Lincolnshire, Illinois, 13 percent of employers who offer chi- care assistance now provi sick/emergency child-care p grams. For example, the Jo Hancock Mutual Life Insura Co. on-site child-care cen in Boston has a get-w room for kids with mild nesses. And when kids too sick to leave hor Hancock offers pare three family-care d each year.

Some companies a offer employees an opp tunity to handle other p sonal responsibilities dur business hours. At AT& workers can take time off two-hour increments, whet they're using it to take a sick ch to the doctor—or simply to get a ar inspected. Those hours are deduc from vacation time or personal h days. "The result," says Kelly S more, an AT&T spokesperson, that you can manage your busin life and your personal life."

Myth You can count on an ann raise based on your value to company and the cost of living.

Reality In a growing number of co panies, your raise—if you get on a all—is tied to the performance o your organization.

These days, 10 percent or mor of your salary is tied to the fortu of your company, says Linda In nett, managing editor of the Ar ican Management Associati *Compensation & Benefits Rev* With companies eager to keep outs flexible, your base pay not even go up. Instead, the crease could be delivered bonus that varies from yea year. What's the bottom l "There is tremendous opportu in the workplace—and tremen risk," Bennett says. ●

Watch the *Ladies' Home Jour* segment every Monday on *CBS T Morning* for more on this story a other great LHJ features.

ungus-free nails are a bare necessity.



Gorgeous feet have gorgeous nails. Healthy. Clear. Perfect.

But if you've noticed your nails are turning colors (like white or yellow or brown) *and* they're getting thick or brittle or flaky, you've probably got what millions of people have: fungus-ridden nails.



Nail with advanced fungal infection

So go for effective help from the *inside out* with oral Lamisil Tablets. Oral Lamisil works by attacking the fungus right where it lives: deep *inside*, under the nail at the base.

After taking oral Lamisil for 12 weeks, clearer, healthier toenails often grow in for many people. Because nails naturally grow slowly, it takes about 10 months for you to see totally new nails.

Prescription Lamisil may have some side effects for some people. In clinical studies, the most commonly reported were headache and gastrointestinal upset. In rare instances, adverse effects on the liver and serious skin reactions were reported, and therapy was discontinued. However, Lamisil is well tolerated by most people.

Call now to get your free, informative video, "Uncovering the Inside Story on Nail Fungus," plus a brochure on nail care and treatments.

1 800 462-5959

Lamisil® Tablets
(terbinafine HCl tablets) 250mg

The ultimate pedicure happens from the inside out

atient information on the adjacent page.
artis

LMT-0796-B

PATIENT INFORMATION ABOUT LAMISIL® TABLETS

Generic name: terbinafine (tur-bin-uh-feen)

Please read this as well as any other information your doctor gives you about LAMISIL® (terbinafine HCl tablets) Tablets and fungal infections of the toenail or fingernail. Only a doctor or other qualified healthcare professional has the training necessary to determine if LAMISIL Tablets are right for you.

What are LAMISIL Tablets?

LAMISIL Tablets are a prescription medicine for the treatment of onychomycosis (on-ee-ko-mi-ko-sis).

What is onychomycosis?

Onychomycosis is a fungal infection of fingernails or toenails. Because the fungus infects the area underneath the nail and in the place where the nail forms, it can be very stubborn and difficult to cure. The infection may cause some or all of the following: the nail can turn colors like white, yellow or brown, and become thickened and brittle. Additionally, it may be painful for some people.

How do LAMISIL Tablets work?

When you take LAMISIL Tablets, the active ingredient, terbinafine, travels to the infected area under the toenail or fingernail. Because terbinafine accumulates and lingers in the area of the nail that is growing, it can continue to work for months even after your prescription is finished, allowing the nail to heal naturally over a period of time.

How to take LAMISIL Tablets

Patients take one 250 mg tablet per day (it may be taken with or without food). You should follow your doctor's advice on how to take LAMISIL Tablets. Be sure to take the complete course of your medicine. For toenail infections, treatment time is 12 weeks. For fingernail infections, treatment time is 6 weeks. It is important to note that the complete healing process often takes at least 10 to 12 months for toenails and 4 months for fingernails. This is due to the length of time it takes for the new nails to grow in.

Who should not take LAMISIL Tablets

LAMISIL Tablets should not be taken by anyone allergic to any of its ingredients.

You should be aware of these warnings and precautions when taking LAMISIL Tablets

- As with all medications, you should discuss any side effects you experience with your doctor or healthcare professional.
- Rare instances of serious liver problems or skin reactions have been reported in patients using LAMISIL Tablets. In such cases, treatment with LAMISIL should be discontinued. Your doctor may ask you to undergo tests before and during treatment with LAMISIL Tablets.
- In clinical studies, 0.9% of patients taking LAMISIL Tablets discontinued therapy because of a skin rash. In rare cases, these skin reactions could indicate a serious side effect. If you notice a rash, stop taking LAMISIL and call your doctor.
- Isolated cases of decreases in white blood cell count have been reported. In all of the reported cases to date, these have been reversible.
- Patients with liver disease or kidney problems should not take LAMISIL Tablets.
- If you have problems with your immune system, your doctor may need to monitor your white blood cell count carefully if you take LAMISIL Tablets for more than 6 weeks. In some cases, LAMISIL therapy may need to be discontinued.
- Changes in the retina and lens of the eye have been reported following the use of LAMISIL. The significance of these changes is not known. In clinical studies, 0.9% of patients discontinued taking LAMISIL because of visual disturbances.
- The tumor-causing potential of LAMISIL has been examined in numerous studies in mice, rats, dogs, and monkeys. Male r given a daily dosage approximately 13.8 times the maximum recommended human dose based on body weight, showed marginal increase in the incidence of liver tumors. No increa in tumors was noted in a wide range of studies in mice, dog and monkeys. These tests suggest that this is a finding spe rats.
- No studies with pregnant women have been done to evalua safety of LAMISIL Tablets. Because treatment of onychomy can be delayed until after pregnancy is completed, LAMISIL Tablets should not be taken by pregnant women.
- The active ingredient of LAMISIL Tablets, terbinafine, is pres the breast milk of nursing mothers. Therefore, LAMISIL Tabl should not be taken by nursing mothers.
- No studies have been done in children to evaluate the safet LAMISIL Tablets.
- Talk to your doctor or healthcare professional before combin LAMISIL Tablets with any other medications. Certain medications, including Tagamet®,* Seldane®,† and rifampin m affect the rate at which LAMISIL is eliminated from the body However, unlike some other antifungal medications, LAMISI Tablets has been used safely with many commonly prescrib medications, such as Seldane®, Lanoxin®,‡ or Coumadin®§.

Possible side effects

Most patients tolerate treatment with LAMISIL Tablets very w However, like all prescription drugs, LAMISIL Tablets may cau some side effects in some people. These side effects, as determined by three clinical studies, were mild and in generat not lead to discontinuation of treatment with LAMISIL Tablets. T most commonly reported side effects were headache, which occurred in 12.9% of patients, gastrointestinal symptoms, inc diarrhea (5.6%), upset stomach (4.3%), taste disturbances (2 nausea (2.6%), abdominal pain (2.4%), flatulence (2.2%), ra (5.6%), itching (2.8%), hives (1.1%), and abnormalities in laboratory tests of liver enzymes (3.3%). In some cases, the complaints were no more frequent than in patients taking pla (sugar pill).

LAMISIL Tablets were prescribed only for you. Do not sh LAMISIL Tablets with anyone else. Keep LAMISIL Tablets no all other medications away from children. For more information about LAMISIL Tablets and fingernail or toen fungal infections, talk to your doctor or other healthcare professional.

*Tagamet (cimetidine) is a registered trademark of SmithKline Beech Pharmaceuticals.

†Seldane (terfenadine) is a registered trademark of Hoechst Marion Roussel, Inc.

‡Lanoxin (digoxin) is a registered trademark of Glaxo Wellcome Inc.

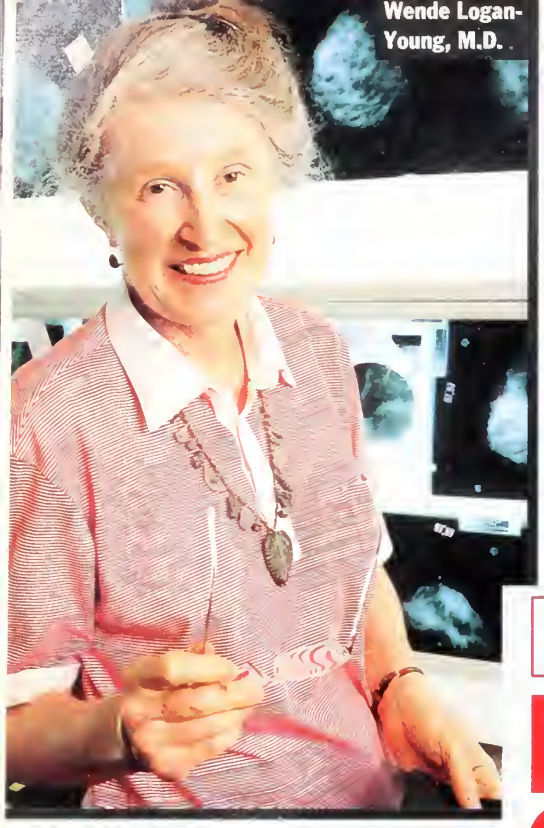
§Coumadin (warfarin) is a registered trademark of DuPont Pharma.

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THE APPEARANCE OF WRINKLES AND OTHER SIGNS OF AGING
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ISTITUTE



Wende Logan-Young, M.D.

Catering to the patient is the latest trend. In upstate New York, one doctor has been taking that approach for years By Randi Hutter Epstein, M.D.

Inside A Breast-Cancer Clinic

It's six o'clock on a cold, clear evening in Rochester, New York. Wende Logan-Young, M.D., is in the backseat of her car. Wrapped around her forehead is a headband with a flashlight sticking out, the same one she uses for night skiing. But now she needs the light to review notes on her forthcoming book on breast cancer.

The car phone rings. It's a patient. A forty-two-year-old woman with breast cancer needs to talk.

A patient is calling a doctor in the evening without a medical emergency? On her car phone? Didn't doctors stop giving out personal phone numbers about the same time they stopped making house calls?

This is standard practice for this sixty-one-year-old radiologist who seems more at ease in fly-fishing gear than formal attire; a cancer expert who revels in her tales about rankling male colleagues back in the seventies by insisting that patients should be treated with respect and get test results as quickly as possible.

"The moment a woman finds out she has breast cancer, there is blocking, denial," says Logan-Young. "When we give them the news, their heads are spinning. They may have questions and I answer them, but they won't remember. So they have my number, and if I'm not home, my husband gives them my car-phone number." She has a driver so she can use this time for work.

Breast cancer is many women's worst nightmare. It is the leading killer of women between the ages of thirty-five and forty-nine. According to the American Cancer Society, this year breast cancer will strike 180,200 American women and 43,900 will die from it. For many women, the terror is not only the fear of dying but also the profound sorrow they experience, rightly or wrongly, that they are losing a piece of their womanhood. Breasts symbolize sensuality. They provide the newborn's nourishment.

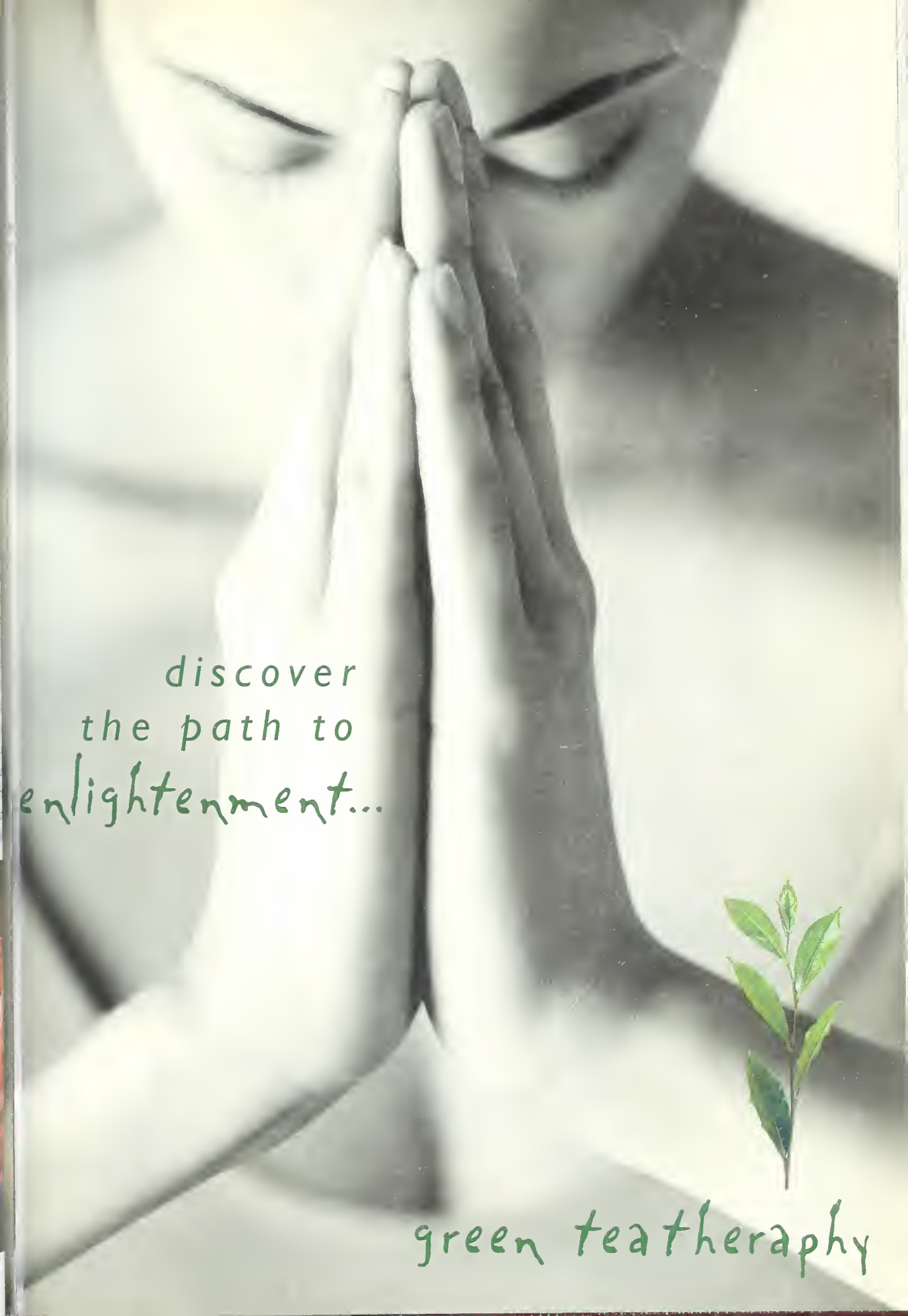
For that very reason, Logan-Young had long envisioned creating a retreat for women: a comfortable ambience, state-of-the-art technology, medical expertise and fast results. Sometimes, waiting for the verdict—cancer or not cancer—can be the most trying time of all. "I wanted to make it more like a home. Women working together toward the solution of a problem," says Logan-Young.

The Elizabeth Wende Breast Clinic, named after Logan-Young's mother, is a multidiagnostic center, which means it has most of the tools used to detect breast cancer. There is mammography, ultrasound and biopsy. Women learn whether they have cancer and discuss treatment options before they meet with their surgeons.

Traditionally, women had been shuttled from doctor to doctor for a diagnosis—a lengthy, sometimes nerve-shattering experience. One doctor does the physical exam. Another doctor, maybe a week or so later, would do the mammogram. And another doctor, after another wait, would do the biopsy. About twenty years ago, most physicians only did open surgical biopsies. Today, some biopsies are as simple as using a needle to retrieve tissue that can provide answers rapidly *(continued on page 109)*



Logan-Young talks to a patient, Linda Spear


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enlightenment...
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introducing

the healing garden

holistic fragrances for the mind, body and spirit

discover enlightening

green teatherapy

where green tea grows,

it shines inner light.

when it is used,

knowledge becomes insight.



enlightening

green teatheraphy

with natural extracts

of asian sandalwood,

peony petals and everlasting

discover the many ways to well-being...



relaxing lavendertheraphy
with natural extracts of
lavender flawers, chamamile and valerian



energizing tangerinetheraphy
with natural extracts of
tea tree, ginseng, mandarin and balm min



enlightening green teatheraphy
with natural extracts of
asian sandalwood, peony petals and everlasting



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ST-CANCER CLINIC

ed from page 104

ss cost, pain and scarring.

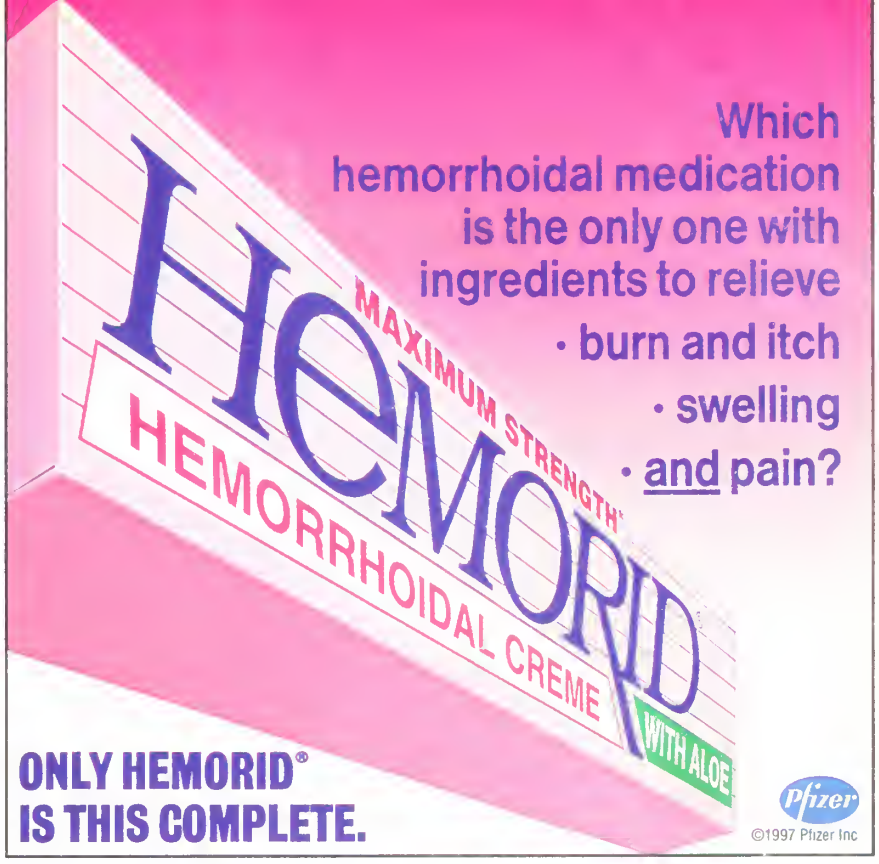
re are many clinics like Logan-'s. No one knows the exact many mammography centers emselves breast clinics but do ovide other services. Some cen- even more, from surgery to atric consultations.

an-Young intentionally limits nter to diagnosing breast can- ot treating it. She says that women travel hundreds of o her for their mammograms. n have come from as far away th America and Africa.) If they urgery, she says, they are bet- closer to home, near friends nily. She strives to maintain a apport with the six hundred s who refer patients to her. e feels that the best approach the patient's main doctor to the surgeon. "We are not try- take over the patient's care, elping physicians with the n-solving."

n Logan-Young opened her n 1976, women's comfort was op priority and few physicians to work with her. "Wende mendously important pioneer reating a clinic at a time when 's issues were not as favored handled as they are today," aszlo Tabar, M.D., director of partment of radiology at Salun al, in Sweden. Logan-Young out twenty-five patients every ending about fifteen minutes ch—more time, of course, for ith cancer.

credits her mother and two of ers with getting the clinic off ound. One sister, an X-ray ian, did the mammograms; her decorated; her mother as the office facilitator—all lly for free. Her clinic was so essful financially for the first ars, she had to work night lsewhere to make extra mon- ce then, she has been able to ll-time staff. Her sisters no work there.

then, says Logan-Young, "it



was considered heresy for a radiologist to give results and discuss treatment options with patients." Even today, she adds, "we have doctors who love us and doctors who hate us. It's hardly ever in between. A few have said, 'Why did you do this to my patient?' As if the women are their possessions."

Logan-Young's day typically begins at about five, but last night she set her clock wrong and now wakes up her husband and two dogs an hour earlier. "Boy, do I feel silly," says the doctor, who admits she's "a bit scatterbrained" about her own life.

Oh, well. She uses the extra hour to do things she never has time for—she brings her buttery scone and cup of tea to bed in her home nestled in the woods along one of the Finger Lakes, an hour outside Rochester. Then she takes her husband's usual role of going out for a romp with the dogs. An hour later, she showers and heads to work.

7 A.M. Women are already waiting at the clinic. They are dressed in thin white gowns, heads buried in magazines. They sit as far apart as possible. No one speaks. Despite an atmosphere that looks more like a cozy living room than a doctor's office—there is traditional American furniture, floral wallpaper, a coffee table with a selection of herbal teas and even a fish tank—these women are not here to gab.

7:12 A.M. Logan-Young arrives wearing a sky-blue turtleneck, checked slacks and hiking boots. She looks like a friendly neighbor, someone who should be toiling in the garden (she does love weeding). "We got rid of the white coats," she says. "It puts a wall between us and the patients." Her gray hair is piled in a bun.

The vast majority of women who come here have mammograms that show healthy breast tissue, and leave without speaking with a doctor. Their films are read immediately by radiologists, and patients with normal films are told right away. Women who feel lumps or have suspicious lesions get a breast exam and ultrasound by a doctor.

"One of the things people don't understand is that cancer and [harmless] cysts all look white on the mammogram," Logan-Young explains. "We can't tell them apart until we do ultrasound." *(continued on page 112)*

"It's something I do fo



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BRIEF SUMMARY OF PRESCRIBING INFORMATION FOR THE PATIENT

PREMPRO™ Brand of conjugated estrogens/medroxyprogesterone acetate tablets

This summary describes when and how to use estrogen/progestin drugs and the benefits and risks of treatment.

ESTROGENS INCREASE THE RISK OF CANCER OF THE UTERUS IN WOMEN WHO HAVE HAD THEIR MENOPAUSE ("CHANGE OF LIFE"). *THIS FINDING REFERS TO ESTROGENS GIVEN WITHOUT PROGESTIN.*

Progestin drugs taken with estrogen-containing drugs significantly reduce but do not eliminate this risk. If you use any estrogen-containing drug, it is important to visit your doctor regularly and report any unusual vaginal bleeding right away. Vaginal bleeding after menopause may be a warning sign of uterine cancer. Your doctor should evaluate any unusual vaginal bleeding to find out the cause.

ESTROGENS/PROGESTINS SHOULD NOT BE USED DURING PREGNANCY.

Estrogens do not prevent miscarriage (spontaneous abortion) and are not needed in the days following childbirth. If you take estrogens during pregnancy your unborn child has a greater than usual chance of having birth defects. These birth defects may affect the baby's urinary system and sex organs.

ESTROGEN/PROGESTIN DRUGS

PREMPRO is a combination of two hormones, an estrogen and a progestin. This hormone combination has been shown to provide the benefits of estrogen replacement therapy while lowering the frequency of a possible precancerous condition of the uterine lining. This therapy is not intended for women who have had a hysterectomy (surgical removal of the uterus).

Estrogens have several important uses but also some risks. You must decide, with your doctor, whether the risks of estrogens are acceptable when weighed against the benefits. Check with your doctor to make sure you are using the lowest possible effective dose.

With PREMPRO therapy several menstrual-like bleeding patterns may occur. These may range from absence of bleeding to irregular bleeding. If bleeding occurs, it is frequently light spotting or moderate menstrual-like bleeding, but it may be heavy. Please discuss your bleeding pattern and set up an appropriate schedule for follow-up care with your physician.

USES OF ESTROGEN

To relieve menopausal symptoms. Estrogen are hormones produced by the ovaries of normal women. The decrease in the amount of estrogen that occurs in all women, usually between the ages of 45 and 55, causes menopause. Sometimes the ovaries are removed during an operation causing surgical menopause. When the amount of estrogen begins to decrease, some women develop very uncomfortable symptoms such as feelings of warmth in the face, neck and chest (so-called "hot flashes" or "hot flushes"). Using estrogen drugs can help the body adjust to lower estrogen levels and reduce these symptoms. Some women have none or only mild menopausal symptoms; in others, symptoms can be severe. These symptoms may last only a few months or longer. Taking PREMPRO can alleviate these symptoms. If you are not taking hormones for other reasons, such as the prevention of osteoporosis, you should take PREMPRO only as long as you need it for relief from your menopause symptoms.

To prevent brittle bones. After age 40, and especially after menopause, some women develop osteoporosis. This is a thinning of the bones that makes them weaker and more likely to break, often leading to fractures of spine, hip, and wrist bones. Taking estrogens after the menopause slows down brittleness and may prevent bones from breaking. Eating foods that are high in calcium (such as dairy products) or taking calcium supplements (1000 to 1500 milligrams per day), and certain types of exercise may also help prevent osteoporosis. Since estrogen use is associated with some risks, its use only to help prevention of osteoporosis should be limited to women who appear susceptible to this condition. The following characteristics are often present in women who are likely to develop osteoporosis: white or Asian race, thinness, cigarette smoking, family history, and early or surgical menopause.

To treat vulvar and vaginal atrophy (itching, burning, dryness in or around the vagina, difficulty or burning on urination) associated with menopause.

WHEN ESTROGENS SHOULD NOT BE USED

During pregnancy (see *Boxed Warning*). If you think you may be pregnant, do not use any form of estrogen-containing drug. Using estrogens while you are pregnant may cause your unborn child to have birth defects. Estrogens do not prevent miscarriage.

If you have unusual vaginal bleeding which has not been evaluated by your doctor (see *Boxed Warning*). Unusual vaginal bleeding can be a warning sign of cancer of the uterus, especially if it happens after menopause. Your doctor must find out the cause of the bleeding so that he or she can recommend the proper treatment. Taking estrogens without visiting your doctor can cause you serious harm if your vaginal bleeding is caused by cancer of the uterus.

If you have had cancer. Since estrogens increase the risk of certain types of cancer, you should not use estrogens if you have ever had cancer of the breast or uterus.

If you have any circulation problems. Estrogen drugs should not be used except in unusually special situations in which your doctor decides that you need estrogen therapy so much that the risks are acceptable. Women with abnormal blood clotting conditions should avoid estrogen use (see **RISKS OF ESTROGENS AND/OR PROGESTINS**).

RISKS OF ESTROGENS AND/OR PROGESTINS

When they do not work. During menopause, some women develop nervous symptoms or depression. Estrogens do not relieve these symptoms. You may have heard that taking estrogens for years after menopause will keep your skin soft and supple and keep you feeling young. There is no evidence for these claims and such long-term estrogen use may have serious risks.

After childbirth (for when breast-feeding a baby). Estrogen should not be used to try to stop the breast from filling with milk after a baby is born. Such treatment may increase the risk of developing blood clots (see **RISKS OF ESTROGENS AND/OR PROGESTINS**).

If you are breast-feeding, you should avoid using any drugs because many drugs pass through to the baby in the milk. While nursing a baby, you should take drugs only on the advice of your health care provider.

RISKS OF ESTROGENS AND/OR PROGESTINS

Cancer of the uterus. The risk of cancer of the uterus increases when estrogens are used alone, the longer they are used, and when larger doses are taken. There is a higher risk of cancer of the uterus if you are overweight, diabetic, or have high blood pressure.

The hormone combination you will be taking contains estrogen and progestin. This combination has been shown to provide the benefits of estrogen replacement therapy while reducing the risk of a precancerous condition of the uterine lining.

Additional risks may be associated with the inclusion of a progestin in estrogen treatment. The possible risks include unfavorable effects on blood fats and sugars (usually the smaller the dose and the shorter the duration of treatment, the more these effects are minimized). Check with your doctor to make sure you are using the lowest effective dose and only for as long as you need it.

Cancer of the breast. Most studies have not shown a higher risk of breast cancer in women who have ever used estrogens. However, some studies have reported that breast cancer developed more often (up to twice the usual rate) in women who used estrogens for long periods of time (especially more than 10 years) or who used high doses for shorter time periods. The effects of added progestin on the risk of breast cancer are unclear. Some studies have reported a somewhat increased risk, even higher than the possible risk associated with estrogens alone. Others have not. Yearly breast examinations by a health professional and monthly self-examination are recommended for all women.

Gallbladder disease. Women who use estrogens after menopause are more likely to develop gallbladder disease needing surgery than women who do not use estrogens.

Inflammation of the pancreas. Women with high triglyceride levels may have an increased risk of developing inflammation of the pancreas.

Abnormal blood clotting. Taking estrogens may increase the risk of blood clots. These clots can cause a stroke, a heart attack, or a pulmonary embolus, any of which may cause death or serious long-term disability.

Excess calcium in the blood. Taking estrogens may lead to severe hypercalcemia in women with breast and/or bone cancer.

During pregnancy. There is an increased risk of birth defects in children whose mothers take this drug during the first four months of pregnancy. Several reports suggest an association between mothers who take these drugs in the first trimester of pregnancy and genital abnormalities in male babies. The risk to the male baby is the possibility of being born with a condition in which the opening of the penis is on the underside (rather than the tip of the penis (hypospadias). Hypospadias occurs in about 5 to 8 per 1,000 male births and is about doubled with exposure to these drugs. There is not enough information to quantify the risk to exposed female fetuses. However, enlargement of the clitoris and fusion of the labia may occur, although rarely.

Therefore, since drugs of this type may induce mild masculinization of the external genitalia of the female fetus, as well as hypospadias in the male fetus, it is wise to avoid using the drug during the first trimester of pregnancy. These drugs have been used as a test for pregnancy, but such use is no longer considered safe because of possible damage to a developing baby. Also, more rapid methods for testing for pregnancy are now available. If you take PREMPRO and later find you were pregnant when you took it, be sure to discuss this with your doctor as soon as possible.

SIDE EFFECTS WITH ESTROGENS AND/OR PROGESTINS

In addition to the risks listed above, the following side effects have been reported with estrogen and/or progestin use:

- Nausea, vomiting, pain, cramps, swelling, or tenderness in the abdomen
- Yellowing of the skin and/or whites of the eyes
- Breast tenderness or enlargement
- Enlargement of benign tumors of the uterus.
- Irregular bleeding or spotting
- Change in amount of cervical secretion
- Vaginal yeast infections
- Retention of excess fluid. This may make some conditions worsen, such as asthma, epilepsy, migraine, heart disease, or kidney disease
- A spotty darkening of the skin, particularly on the face, reddening of the skin, skin rashes.
- Worsening of porphyria
- Headache, migraines, dizziness, faintness, or changes in vision (including intolerance to contact lenses)
- Mental depression
- Involuntary muscle spasms.
- Hair loss or abnormal hairiness
- Increase or decrease in weight
- Changes in sex drive
- Possible changes in blood sugar

REDUCING THE RISKS OF ESTROGEN/PROGESTIN USE

If you decide to take an estrogen/progestin combination, you can reduce your risks by carefully monitoring your treatment.

See your doctor regularly. While you are taking PREMPRO, it is important to visit your doctor at least once a year for a checkup. If you have vaginal bleeding while taking estrogens, you may need further evaluation. If members of your family have had breast cancer or if you have had breast lumps or an abnormal mammogram (breast X ray), you may need to have more frequent breast examinations.

Reassess your need for treatment. You and your doctor should reevaluate your need for estrogens at least every six months.

Be alert for signs of trouble. Report these or any other unusual symptoms to your doctor immediately:

- Abnormal bleeding from the vagina
- Pains in the calves or chest, a sudden shortness of breath, or coughing blood.
- Severe headache or vomiting, dizziness, faintness, or changes in vision or speech, weakness or numbness of arm or leg
- Breast lumps
- Yellowing of the skin and/or whites of the eyes
- Pain, swelling, or tenderness in the abdomen

OTHER INFORMATION

Estrogens increase the risk of developing a condition (endometrial hyperplasia) that may lead to cancer of the lining of the uterus. Taking another hormonal drug, with estrogens lowers the risk of developing this condition.

You should know, however, that taking estrogens *with* progestins may have unhealthy effects on blood sugar, which might worsen diabetic condition.

Some research has shown that estrogens taken *without* progestins may protect women against developing heart disease. However, this is uncertain. The protection shown may have been caused by the characteristics of the estrogen-treated women and not by the estrogen treatment. In general, treated women were slimmer, more physically active, and were less likely to have diabetes than the untreated women. These characteristics are known to protect against heart disease.

It is important to discuss, in detail, with your doctor or health care provider all the possible risks and benefits of long-term estrogen and progestin treatment as they affect you personally.

This Summary provides the most important information about PREMPRO. If you want to read more, ask your doctor or pharmacist to see the professional labeling.

This Brief Summary for Direct-to-Consumer Advertising is based on the current PREMPRO Tablets insert (PI 4665-3) revised May 1997 with the incorporation, in lay language, of pertinent text from the Physician Insert. (CI 4664-3) revised May 21,1997

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BREAST-CANCER CLINIC

Continued from page 109

Before ultrasound, all women with suspicious spots on their mammogram were advised to have surgical biopsies. That meant a lot of unnecessary biopsies and a lot of needless anxiety. For those who are diagnosed with cancer, Logan-Young maintains contacts with the referring physicians or the patient.

7:31 A.M. Marion Meradji, a forty-two-year-old woman from Farmington, New York, has the first appointment of the day. She has a lump in her left breast. Logan-Young enters and says immediately, "Mrs. Meradji, your X ray looks good."

"I always tell them right away if their film is normal," Logan-Young explains afterward, "because that is all they want to hear."

The woman's relief is obvious.

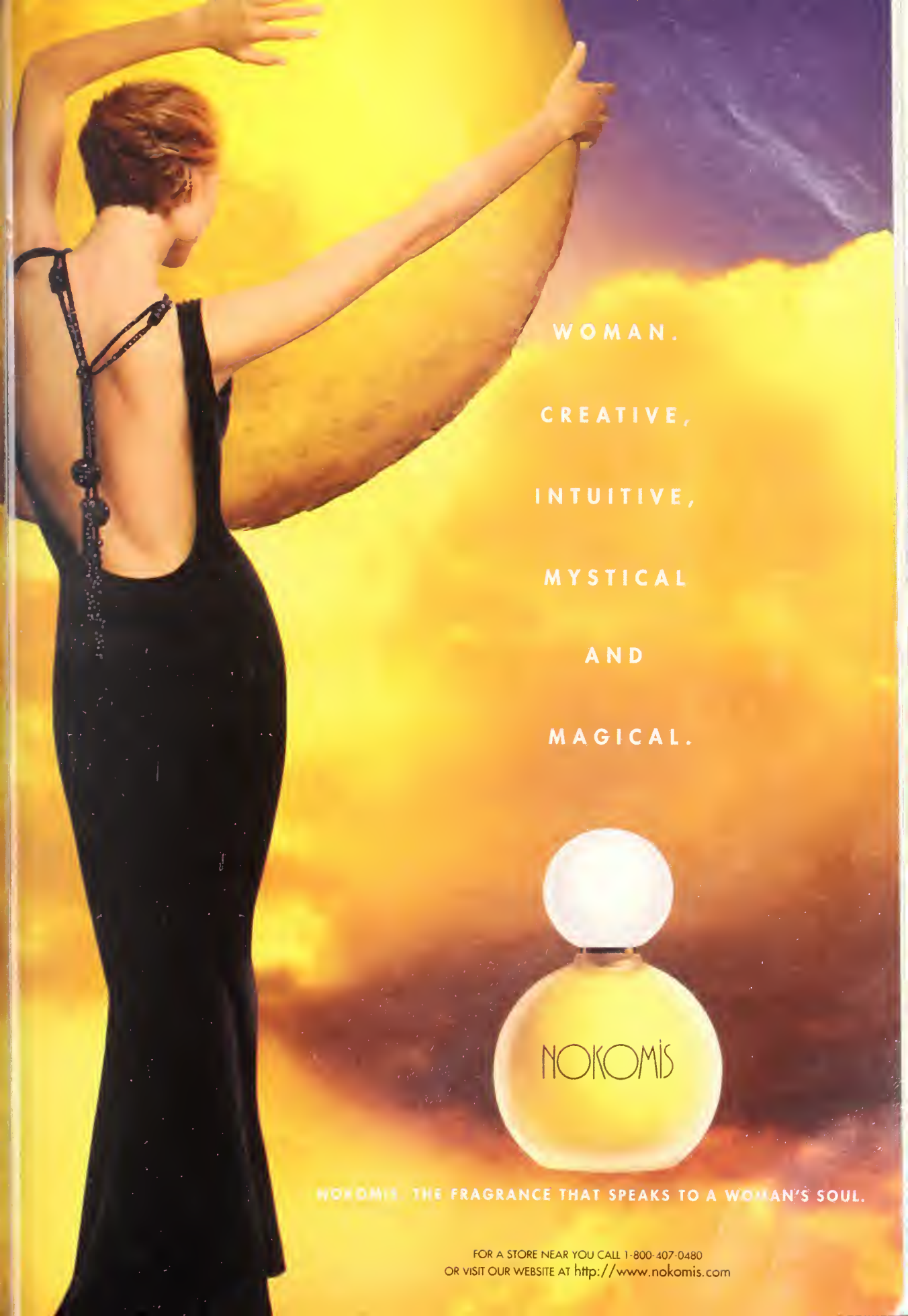
To an unskilled viewer like Meradji, the ultrasound looks like a fuzzy TV screen. Logan-Young points to black circles within the snowy picture. "See those guys? Those are cysts, just sacks of fluid. So," she adds nonchalantly, "you have fibrocystic breasts.

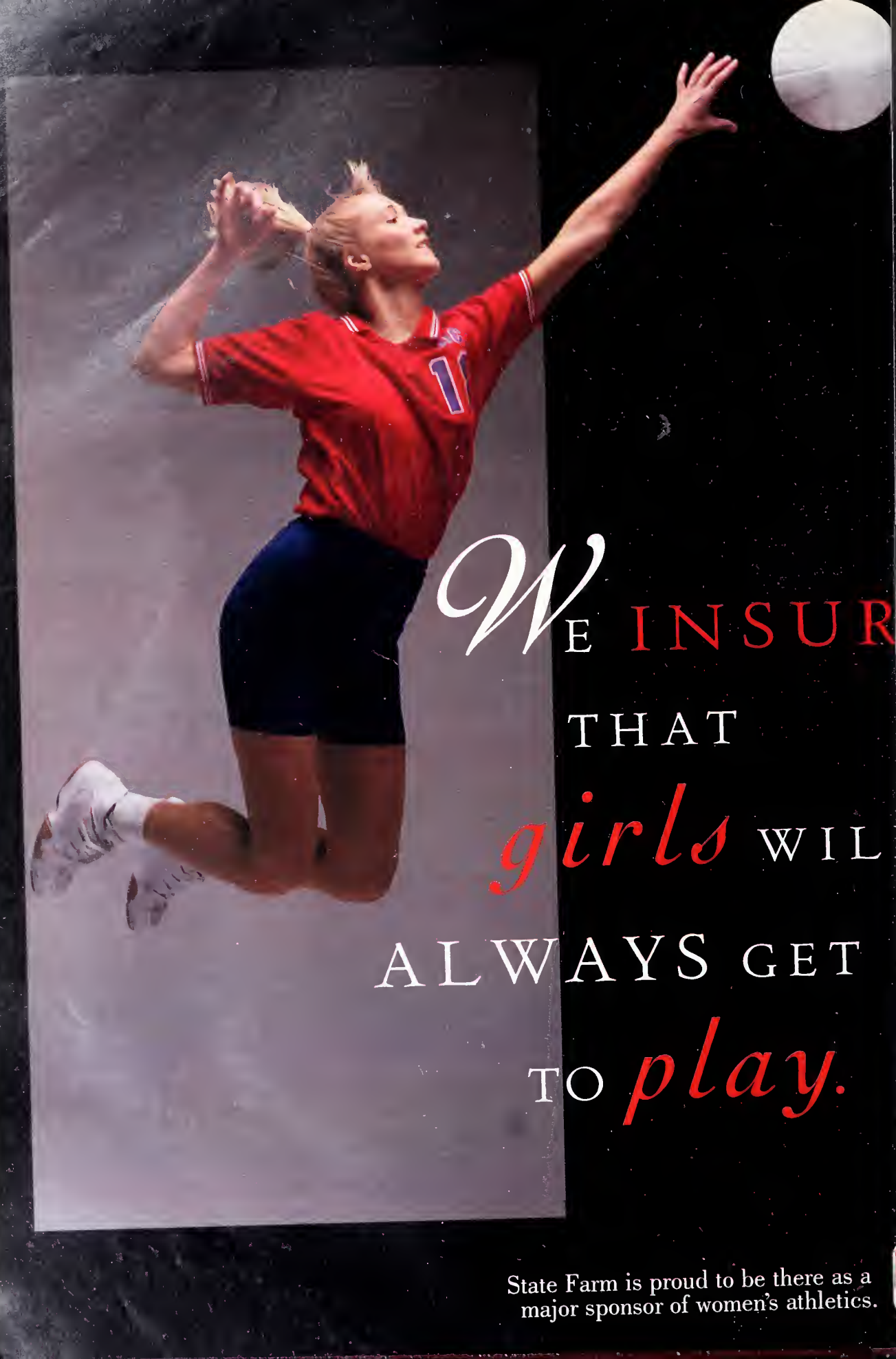
"It's a nuisance," says Logan-Young. "Your hormones are telling t breast to make milk. The cysts just fluid backed up."

Nothing needs to be do though if the cysts become both some, physicians aspirate them draining the fluid with a need The procedure is painless and la just a few minutes.

As she aspirates, Logan-You tells Meradji, "You'll feel m lumpy as you get near the change life or if you're under stress or if drink a lot of caffeine."

Though many other expert including breast-cancer *(contin*


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Susan Love, M.D.—disagree, n-Young insists caffeine pro- s cyst development. And when n-Young believes something, is no telling her otherwise. (Sci- c studies have not proven that ne promotes cyst growth.)

lot of surgeons disagree," she des. "But far and away, women cysts tell me they feel better they're off caffeine."

A.M. Logan-Young heads to econd patient: Kelly Harwood*, -six, who has had a lump in her for twenty years. "If you had iscovered this lump yesterday, I l have wanted to do a needle ıd take cells out, but that is not sary," says Logan-Young. "The hing is that you had this since ge of sixteen."

rwood has a fibroadenoma, an rowth of the cells that make "Everything is fine," Logan- g says. "You're going to have 'or the rest of your life. Fi- enomas are no more likely to ıto cancer than the rest of your tissue."

.] Susan Roux, M.D., a fellow ogist at the clinic, enters the of- s Logan-Young is examining ıograms and dictating the med- eports. "I have a patient who ıe 'hifalutin' music is bothering Can we switch to Streisand?" ks. Logan-Young walks to her layer and removes Tchaikov- Sixth. "We try to have calming no big booms," she explains.

A.M. Linda Spear is worried. ' in the shower, leaning over, ıis bump on my breast didn't says the forty-seven-year-old Rexville, New York. "It got nd I remembered you're sup- to be concerned."

ar is right. Benign breast —sacks of fluid or lumps of ll with the breast. Cancers defy ', creating a dimple. Logan- g views the ultrasound and Spear, "You do have some- going on." She advises another

has been changed.

mammogram that will zero in on the area of concern, as well as fine-needle aspiration cytology, or FNAC, that will retrieve a sample of cells for the pathologist to view.

A few minutes later, as she sticks the needle into the lump, Logan-Young and Spear chat about men and marriage. Logan-Young was devastated when her first marriage ended in divorce after twenty-five years, but now lives next door to her ex-husband and his second wife.

When the procedure is over, Logan-Young tells Spear to return in one hour, at which time she will have a pathology report. Back in her office, she says, "This is cancer." On ultrasound, the woman's lump did not appear as a smooth ball, the way a benign tumor would have. It looked more like a splotch of paint, an irregular shape that is the way cancers grow. But nothing is definitive until a pathologist views the cells with a microscope.

The phone rings. It's Bill, Logan-Young's husband. He runs his own advertising agency. "Hi, honey. Kind of swamped now," she says, as if diagnosing cancer is par for the course in everyone's morning. "I love you, too."

10:46 A.M. Spear's report comes back with the expected bad news. Logan-Young and her patient stand face-to-face in a room off the crowded waiting area. "I'm sorry. It did show a malignancy," Logan-Young says directly yet in a calming tone. They discuss the plan of attack, beginning with a visit to Spear's internist (whom Logan-Young has already contacted). They talk about lumpectomies versus mastectomies.

Spear is upset, but not surprised. She has a frozen smile on her face as if she is wishing away the grim news. As with most women, it will take days for the reality to sink in.

As she does with all cancer patients, Logan-Young lends Spear a copy of *Dr. Susan Love's Breast Book* (Addison-Wesley, 1995), which explains breast cancer in easy-to-understand terms. She has about three hundred copies of Love's book. *(continued)*

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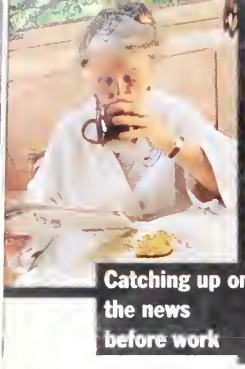
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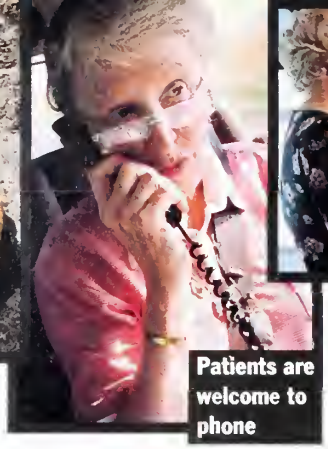
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Day's end at home

BREAST-CANCER CLINIC

Continued

Spear tries to smile and say good-bye, but no sounds come out.

Certainly Logan-Young has broken the news of cancer to hundreds of women, but that doesn't make it any easier. "Oh, man, this is the worst part of it," she says as Spear leaves the room. "She's holding everything inside. I'm worried she might not have support." Logan-Young does not insist that every woman with breast cancer go to a support group, although she points out that they have been proven to extend lives. She just wants to ensure that every patient has family or friends for emotional support.

"This woman is certainly not your average doctor," Linda Spear later says. "She was involved in all the decision-making of my cancer. And she told me about difficult times she went through that helped me open up about my fears of the disease. She just seemed so genuinely sorry to tell me about my cancer that it made me feel like she really cares."

12:24 P.M. Lunchtime. A ham sandwich and a diet soda. Logan-Young eats while reviewing mammograms.

1:30–5:30 P.M. For the rest of the afternoon, Logan-Young treats three more patients with cysts, another woman with a fibroadenoma and a woman worried about nipple discharge. A spontaneous discharge from both breasts is usually not worrisome, says Logan-Young. "It's related to hormones," whereas a discharge from one breast may signal an underlying cancer. Another woman, whose pathology report was inconclusive, needs a biopsy. Logan-Young also dictates the results of all mammograms and mails the reports on the same day to the referring physicians so they get results quickly, too.

"It can be easy when you see patients with the same problems every day to be lulled into a sense of not caring," she says. "But I pretend each patient is my mother or one of my sisters, and then I think I maintain a level of empathy."

5:30 P.M. The patient flow slows. Logan-Young packs her bags for her ride home.

6 P.M. She is on the phone in her car, talking to a woman with breast cancer, someone who had been diagnosed weeks earlier but now has a few lingering questions. The next phone call is from her husband, Bill, telling her to look at the full moon.

6:20 P.M. Suppertime. Usually Bill, a sixty-two-year-old "culinary genius," cooks. Tonight, she says, she's given Bill the night off so they can meet at their favorite local haunt, a casual grill midway between the office and home.

Dinner conversation is about kids, fishing, the weather—not cancer. When Logan-Young is with her husband, they do not talk shop.

8:30 P.M. Logan-Young is zonked. She says she needs her eight hours of sleep. Tonight she'll check the clock twice. No more four A.M. wake-up calls.

For a woman who does not consider herself very smart—she says she got into medical school because she is good at multiple-choice exams—Wende Logan-Young has come a long way. Sure, she has had rough times: her clinic's rocky start; her divorce; and then after her mother's death from pancreatic cancer, she and her six sisters were depressed for years. "If you could've seen what a neat woman she was, you'd understand. Losing a mother is so hard."

But now she seems to beam from an inner happiness. Maybe it's from a good marriage. Or the pride she has in her four children and four grandchildren. (Her only daughter is also a doctor, an internist in Wisconsin. Her three sons chose other professions.) Or perhaps this high-powered woman is fueled by knowing that she helps so many women conquer or cope with breast cancer. ●

How to Choose a Breast Clinic

Everyone can't trek to Rochester, New York, so Wende Logan-Young has developed the following guidelines to help you get the best diagnosis.

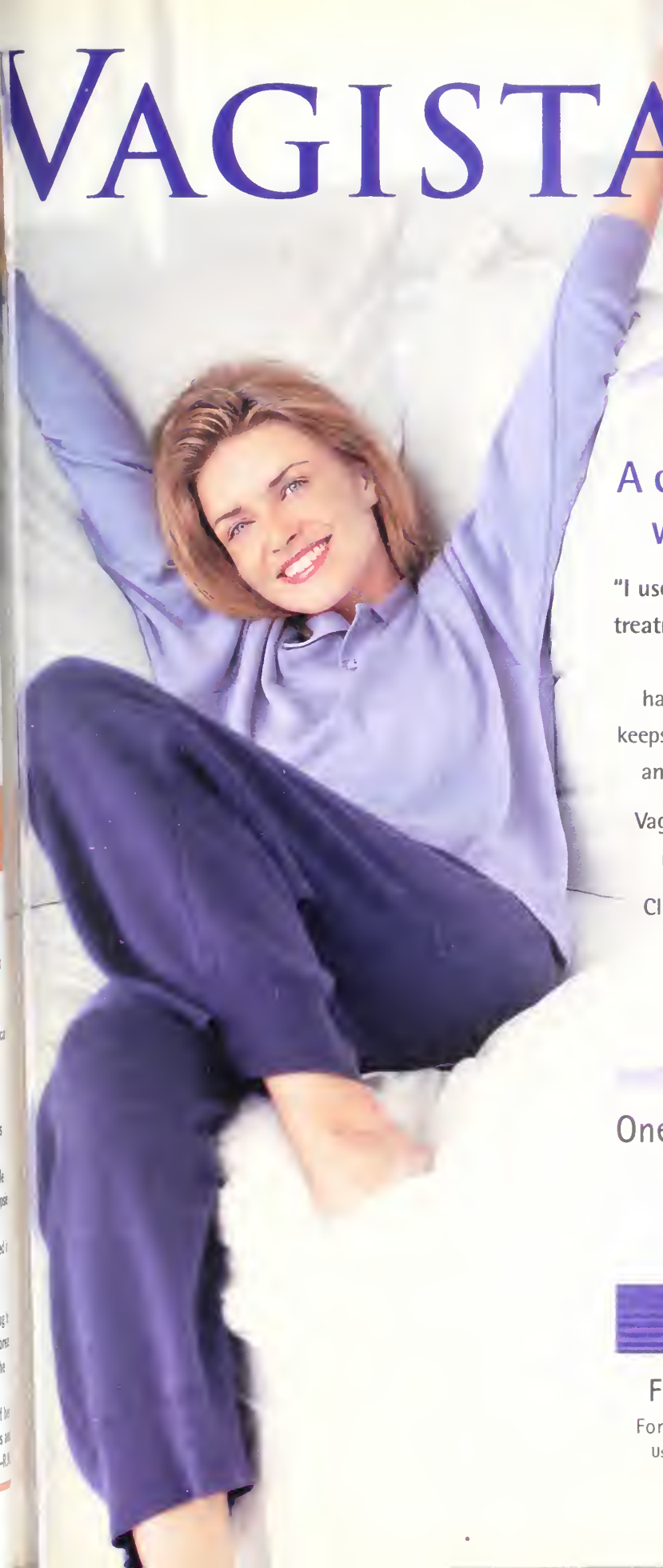
1. Make sure the mammography center is accredited by the American College of Radiology.

2. Don't be swayed by speed. Remember that the center that provides the most rapid results is not necessarily the best.

3. A center that offers fine-needle aspiration biopsies and core biopsies is one that probably does many mammograms and is experienced in reading the results.

4. Though many cities have multidisciplinary centers, going to one is not crucial for proper breast care. Logan-Young believes the most important things every woman can do for the care of her breasts are breast self-exams and annual mammograms. —R.H.E.

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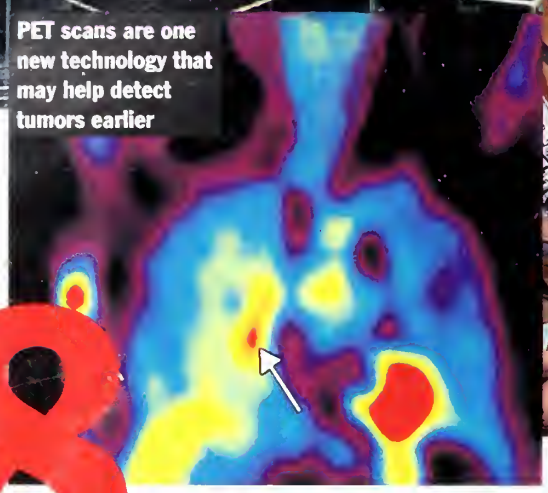
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Mammography vans should mak it easier to get yearly screenings



PET scans are one new technology that may help detect tumors earlier



Using silicone models, wome expert instruct breast self-exa

8 THINGS YOU NEED TO KNOW ABOUT BREAST CANCER

By Susan J. Blumenthal, M.D., M.P.A

For the first time in recent history, the death rate from breast cancer is down—6.3 percent since 1991—most likely because of increased early detection and treatment advances. Even so, this year in America, one woman will be diagnosed with breast cancer every three minutes, and more than 40,000 women will die from the disease. These advances can help keep you off those lists:

1 It may be three separate diseases.

We finally may know why certain treatments work well for some women but not for others. Breast cancer is now considered to be at least three diseases. The first type, which is slow-growing and may never leave the breast, may account for many of the 30,000 in situ breast cancers diagnosed this year. The second and most common type, called invasive cancer, is believed to be moderately aggressive but can still take ten to fifteen years to move beyond the breast into the lymph nodes. The third and most aggressive type can appear even between regular mammograms and is most likely to metastasize, or spread to other areas of the body.

Researchers are using this information to study differences between breast-cancer patients at the cellular level. If these characteristics can be identified early, women with certain markers can be targeted for the mo aggressive treatment, while othe can choose conservative options.

2 Estrogen's starring role

The female hormone e trogen has taken cent stage in the search for what caus breast cancer. Women with t greatest lifetime exposure to estr gen—early onset of menstruatio never having children or having first child *(continued on page 12*

Susan J. Blumenthal, M.D., M.P.A., is Deputy Assistant Secretary for Health and Assistant Surgeon Genera in the U.S. Department of Health and Human Services.

"SHOULD I SLEEP WITH IT, OR NOT?"

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Continued from page 118

after age thirty, and late onset of menopause—appear to be at higher risk. Scientists are testing ways to lower estrogen production in high-risk women.

There is still no conclusive research on breast cancer and hormone replacement therapy (HRT). But one large Harvard study now suggests that women who take HRT for more than ten years have an increased risk of dying from breast cancer, while women who take HRT for less than ten years might actually have a decreased risk. Still, a woman's chance of dying from heart disease is more than five times greater than dying from breast cancer, and HRT lowers that risk. Each woman and her doctor must evaluate her own risk factors when considering HRT.

An international panel that reviewed more than fifty studies on oral contraceptives and cancer risk did not find a strong link between breast cancer and the Pill, which contains estrogen. There was a small increase in risk for women who stopped taking the Pill during the past ten years or still take it, but their breast cancers tended to be less advanced than women who never used the Pill. The reviewers found no increased risk for women ten years after they stopped taking the Pill.

3 Genes: Less risk than we thought

Mutations on the BRCA1 and BRCA2 genes may not be as strong a predictor of risk as they were once considered. Several recent studies conclude breast-cancer risk is considerably higher for women with mutations (over 50 percent compared to 13 percent for women without the mutations). But this number is less than the 85 percent risk found in previous studies that evaluated women with the mutations who had strong family histories of the disease. However, remember that at least 90 percent of women who develop breast cancer don't have known mutations on these genes. So a genetic test cannot tell you that you won't get the disease—it can only tell you if you're more likely to develop it.

The National Action Plan on Breast Cancer (NAPBC), a public-private partnership coordinated by the U.S. Public Health Service's Office on Women's Health, has produced a video about the pros and cons of genetic testing, which should be available through your physician by the end of the year.

4 The anticancer lifestyle

New research suggests cancer-fighting antioxidants (and other potentially beneficial compounds) found in a diet rich in fruits and vegetables might offer more protection than a single cancer-fighting nutrient taken as a supplement. Other studies continue to confirm the value of antioxidants such as vitamins A and E and selenium, which protect cells against damage from free radicals.

Now, new research is indicating that free-radical damage may lead to the most aggressive tumors, possibly triggered by diet or environmental factors. Tests are being developed to assess a woman's risk by measuring these molecular changes.

A new study suggests that three months after switching to a low-fat diet combined with a 10,000 mg fish-oil supplement (omega-3 fatty acids), women actually change the type of fatty acids stored in their breast tissue—which may decrease their risk. Also, scientists report that a low-fat, high-carbohydrate diet appears to decrease breast density, making mammograms more effective.

Other recent research that examined the exercise habits of more than 25,000 women suggests that regular physical activity decreases risk. More research is needed on diet, exercise and other lifestyle factors, but the bottom line is that a combination of healthy habits still offers the best strategy *(continued)*

GETTING THE LATEST ADVANCES TO EVERYONE

Many women do not have access to the most sophisticated procedures used in breast-cancer detection and treatment. Some communities have responded with innovative outreach programs: In Fullerton, California, instructors from St. Jude's Medical Center teach women how to do breast self-exams at parties in women's homes.

Nordstrom's has built mammography centers in four stores. Women can shop while waiting for their appointments (they're given beepers), and they leave with bags of beauty samples. The films are read by experts at local hospitals.

In four Southern states, a roving van called Metrolina Outreach Mammography has been providing on-site screenings since 1992. The films are read at a local clinic.

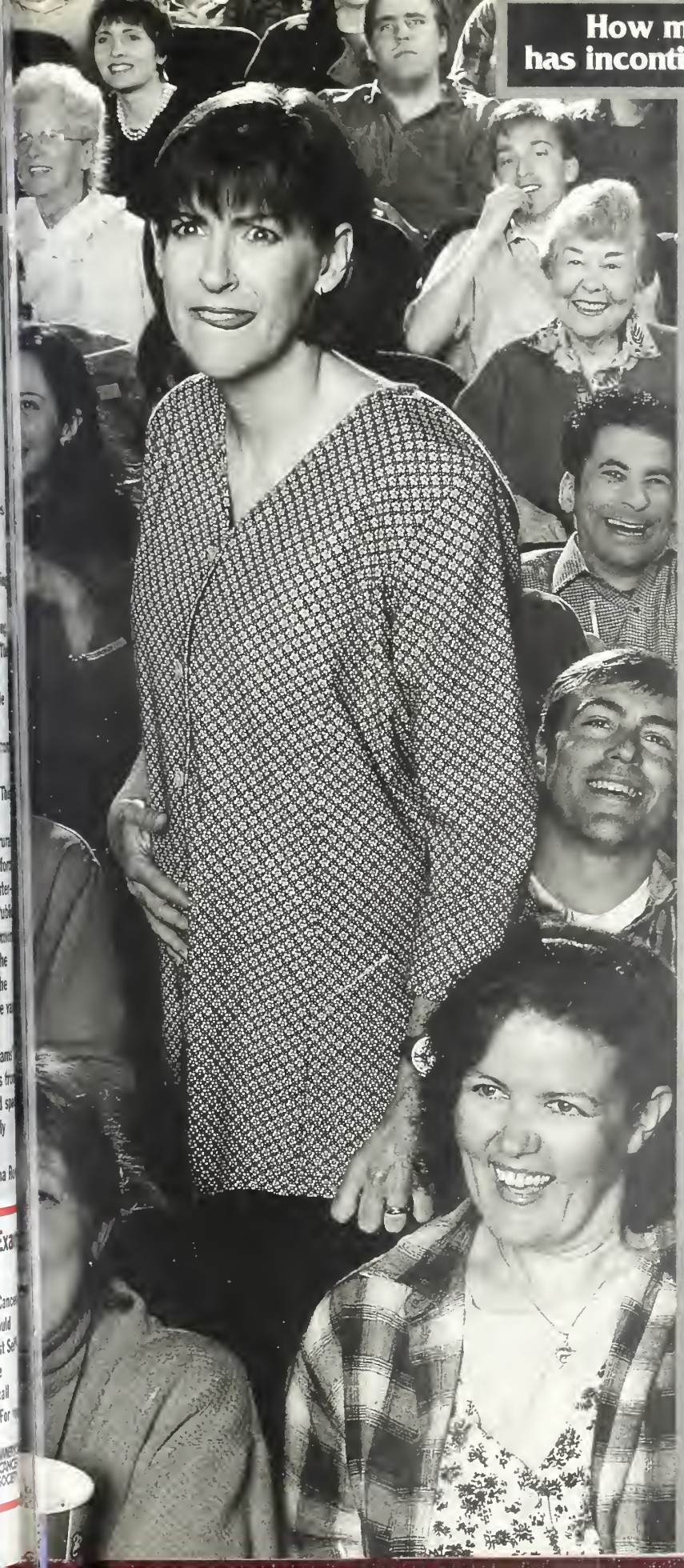
Much of the outreach is made possible by telemammography, which sends a digital-mammogram image via satellite to a distant medical center for evaluation. This technology may soon roll out nationally to reach women in rural and underserved areas in the form of the Mobile Breast Care Center—a van developed by the U.S. Public Health Service's Office on Women's Health in collaboration with the Department of Defense and the National Cancer Institute. The van is part of the initiative called "From Missiles to Mammograms" that is adapting technologies from the defense, intelligence and space communities to improve early detection of breast tumors.

—Elena Rov

Free Breast Self-Exam Shower Card

October is National Breast Cancer Awareness Month. If you would like to receive a FREE Breast Self-Exam Shower Card from the American Cancer Society, call toll-free 1-888-227-5552. For more information on breast cancer, call 1-800-227-2345.

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At least fifty studies show that alcohol may play a role in breast-cancer risk, and a startling recent one suggests that women in their thirties who consume two or more alcoholic drinks per day may have an 80 percent increased risk. The culprit, once again, may be estrogen. Alcohol appears to significantly increase estrogen levels in the blood. The effect of alcohol was most pronounced among women with advanced breast cancer, suggesting that alcohol may make tumors grow faster.

New research also suggests that smoking increases a woman's risk for breast cancer. One study indicates that some women may have a genetic susceptibility to the carcinogens in cigarettes; others suggest smoking alters certain hormone levels, which may affect a woman's risk.

5 New screening technologies

Until we find a way to prevent or cure breast cancer, early detection remains a woman's best hope for beating this disease. The National Cancer Institute (NCI) says regular mammograms can reduce the death rate from breast cancer by about 30 percent in women over fifty and about 17 percent in women ages forty to forty-nine. They recommend that women get tested every one to two years. The Clinton administration is encouraging private insurance carriers to cover annual mammograms for women forty and over.

Still, today's mammograms miss about 15 percent of all breast cancers. And almost three out of four lesions they do find are benign, putting women through a tense time and painful diagnostic procedures, such as biopsies. A variety of new imaging technologies, used in combination with mammograms, are providing a more accurate picture. High-definition ultrasound has been approved by the Food and Drug Administration (FDA) for use along with mammograms, because it can show more details of some lesions.

Just this spring, the FDA approved a new test called Miraluma breast imaging, in which a special camera photographs the breast tissue after the patient is injected with an imaging agent that is thought to accumulate in malignant cells. Miraluma imaging may be better than mammograms at detecting some tumors because it is unaffected by breast density. Positron emission tomography (PET) scans are currently being tested for detecting tumors in dense breast tissue as well as tumors that have metastasized.

Computers have also found their way into breast imaging. One technique being studied is digital mammography, in which a computer records the X-ray image and can highlight possible tumors.

6 Kinder, gentler biopsies

In the past, when mammograms detected suspicious areas, surgeons had to make biopsy incisions that usually resulted in discomfort and scarring. The technology that is rapidly replacing the surgeon's knife is needle biopsy, with small punctures that heal much faster with less scarring. The procedure is available in many major medical centers, and clinical trials are evaluating the results.

If cancer is diagnosed, surgeon often must remove a number of lymph nodes under the armpit to determine if the disease has spread. This procedure can cause pain and swelling in the arm. A promising new technique called sentinel node biopsy is designed to find the first node in a cancer's path as it leaves the breast and enters the lymph system. Doctors inject a blue dye and a radioactive tracer that "lights up" the sentinel node, which is then removed and tested for cancer cells. Studies have shown that if this node is free of cancer, the remaining nodes usually are, too. This technique is not available at major medical centers.

7 Top trends in treatment

Conventional cancer treatments work by poisoning or radiating cells, which causes side effects. Scientists are seeking ways to block angiogenesis, the blood flow tumors need for sustenance. Researchers are also investigating monoclonal antibodies and vaccines to boost the immune system to fight cancer.

While breast-conserving lumpectomy is often used for small tumors, women with very large tumors still need mastectomies followed by chemotherapy to kill any remaining cancer cells. But new research suggests that, in some women, chemotherapy before surgery can actually shrink tumors enough so that a lumpectomy can be performed. In one test of 80 percent of the tumors shrank to at least half their original size. Researchers followed more than 1,500 women for more than six years and found that survival rates were the same for those who received chemotherapy before and after surgery—but many of the women who got chemo first had less-invasive operations.

Bone-marrow transplants—once reserved for women with late-stage breast cancer—are now being performed on women at earlier stages of the disease. The transplants, which may be more effective when disease is still localized, are de-

FOR MORE INFORMATION

The Johns Hopkins Breast Health Portfolio (48 pp.; softcover) is a comprehensive guide full of the latest information on the prevention, diagnosis and treatment of breast cancer and other breast diseases. Written by the experts at the Johns Hopkins Health Institutions, it is available to LHJ readers for $14.95, which includes shipping, handling and applicable sales tax.

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A Breath of Fresh Air

Any time you buy new sheets, carpeting, or other furnishings or housewares, you also bring the chemicals used in their manufacture—formaldehyde, ammonia, organic dyes, etc.—into your home. "Even when you can't smell them anymore, these volatile organic chemicals [VOCs] pollute the air enough to irritate your respiratory tract and cause headaches, sinus congestion and fatigue," warns B.C. Wolverton, Ph.D., a former NASA scientist and author of *How to Grow Fresh Air: 50 Houseplants that Purify Your Home or Office* (Penguin, 1997). Houseplants soak up VOCs, break them down and use them for food, he explains. At least two plants per 100 squa feet will sanitize the in your "breathing zone"—double that, nd your indoor environm t will become healthie a week. Here, the be plants for the rooms your home:

KITCHEN Aloe is a mu— you can snap off a pie and use its juice as ointment for burns. B it needs to be teamed w a plant better at remo chemical vapors such a lady or bamboo pal

FAMILY ROOM In this well-trafficked area, u large, low-maintenanc plants with high chemi removal rates like rube trees and ficus.

BEDROOM If you prefe flowering plants to all foliage ones, buy pott florist's mums or gerbra daisies—of all plants tested, these remove vapors at the highest te.

—Aimee Ke an

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ask the expert

Q HOW CAN I MAKE A SMALL ROOM APPEAR BIGGER?

A "Opening up cramped quarters doesn't have to mean limiting yourself to a sparse assortment of furniture," says New York designer Michael Foster. Just choose your pieces wisely. For instance, instead of a sofa, use a less-massive bench or daybed. Since upholstered furniture takes up lots of space, try wooden pieces with open arms to let light and air pass through. And find ways to trick the eye: A landscape painting encased in a window frame creates the sense of dimension outside the room. Mirrors give a room more depth, too.





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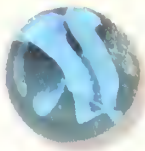
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YOU CAN'T FAKE FEELING GOOD...

And eight other "truths" about how we behave that you'll never believe again

By Dianne Hales



1 Putting on a happy face doesn't make problems disappear, but it does improve mood. Scientists have determined that the muscle movements required for a genuine smile—as opposed to a frozen fake grin—alter blood flow to the brain in ways that enhance a sense of well-being. "Manipulating the muscles of the face into a smile enhances pleasure," says psychologist Randy Larsen, Ph.D., of the University of Michigan, in Ann Arbor, who asked volunteers to smile or frown as they looked at cartoons. "The cartoons seemed funnier to them when they already had smiles on their faces."



The best way to deal with anger is to let it out

2 Of all the negative emotions, anger may be the most toxic. "Individuals who are chronically hostile are two to three times more likely to die of heart disease or another illness by age fifty," says behavioral medicine researcher Redford Williams, M.D., of Duke University, co-author of *Anger Kills* (Harper, 1994). What to do when your temper flares? Contrary to common belief, "venting"—yelling, cursing, throwing things, pounding on a wall—is futile. "People who vent are more likely to remain just as upset for hours afterward," says Randy Larsen. The healthier alternative: Take a few deep breaths, stop, and ask yourself if your anger is justified, if the issue is important and if you can change the situation.

Failure destroys a child's self-esteem

3 Children need to experience small failures and setbacks so they can learn how to pick themselves up and try again. "Challenge is what develops a child's 'struggle muscle,'" says Marianne Daniels Garber, Ph.D., an educational consultant at The Behavioral Institute of Atlanta and co-author of *Good Behavior* (St. Martin's Press, 1991). "If you are always taking care of their problems, all children learn is that they need to be taken care of—and that doesn't build self-confidence."



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The more intimacy, the stronger the bond

4 Even the most loving couples can get too close for comfort, says psychotherapist Doris Wild Helmering, M.S.W., of St. Louis, author of *Being Okay Just Isn't Enough* (National Press Publications, 1996). "Occasionally, all partners need to back off. Allowing each other a little distance keeps some of the mystery in a relationship and preserves each person's sense of privacy." While open, honest communication is important, telling too much, especially about past relationships or sexual fantasies, can be as harmful as telling too little. "Such disclosures tend to come back and haunt the relationship," Helmering notes. "What good does it do to tell someone about an affair you had ten years ago?"

Happiness is rare—and reserved for the bright and the beautiful

5 Lighten up: Most Americans—85 percent in one recent survey—say they are happy. On a scale of 1 to 10, our national happiness level averages a smiley-faced seven. What makes us happy? In the short run, lucky breaks—such as winning a lottery—may make people feel great, but unearned good fortune doesn't create long-term happiness. According to psychologist David Myers, Ph.D., author of *The Pursuit of Happiness: Discovering the Pathway to Fulfillment, Well-Being and Enduring Personal Joy* (Avon, 1992), what keeps people happy day in and day out are the little things: a loving family, interesting work, loyal friends. Myers found virtually no link between intelligence and happiness levels (so Forrest Gump and Bill Gates have an equal shot at contentment) and only a weak correlation between good looks and feeling good (so Cindy Crawford goes through life only a tad more joyful than the rest of us).





Men hate to share their feelings

6 Not necessarily, says psychologist Linda Acitelli, Ph.D., of the University of Michigan's Institute for Social Research. Rather, men view talking about their emotional life as "a tool to fix things, something to use only when a relationship is problematic." By comparison, most women like to talk about their relationships through good times *and* bad.





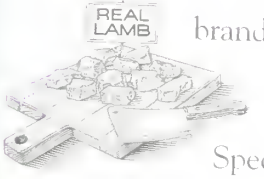
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A marital breakup is harder on women

7 Financially, perhaps. But psychologically, women tend to do better after a divorce than men. In a ten-year follow-up of sixty divorcing couples by Judith S. Wallerstein, Ph.D., of the Center for the Family in Transition, in Corte Madera, California, two thirds of the women had improved in their psychological functioning—compared with only 16 percent of the men. Separated and divorced men also face greater health risks. According to an epidemiological study at the University of California, San Francisco, men between forty-five and sixty-four who live without a spouse are twice as likely to die in a ten-year period as married men of the same age.



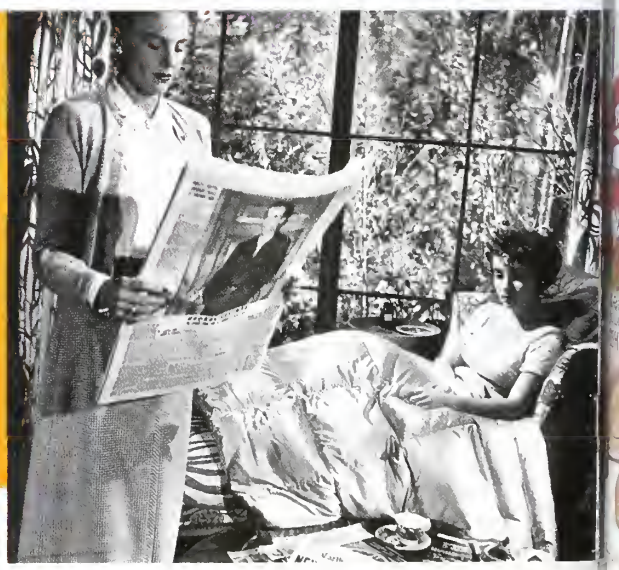


Chitchat and gossip detract from work performance

8 Swapping stories around the watercooler may look like a distraction, but it actually enhances productivity. According to Shelley M. MacDermid, Ph.D., of Purdue University, in Lafayette, Indiana, colleagues who become close-knit through casual conversation develop a better spirit of camaraderie and cooperation. Such colleagues often help one another resolve work-family tensions (by pitching in when there's a personal emergency, for example).

To mend a broken heart, resist dwelling on the past

9 In studies at the University of Virginia, subjects told not to think about a former love registered higher levels of anxiety (as measured by increased perspiration) than those who frequently revisited a failed relationship. The researchers' advice: Rather than trying to blot out all memories of the loss, express your feelings—in a diary, through a tape recording, by talking with friends. Only by coming to terms with the love that got away can you move on to other passions.



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1. In skillet brown chicken in hot oil. Set aside. Add soup, water, basil and vegetables. Heat to a boil.
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By Audrey Edwards



King and Winfrey chat on the phone every day

"Am I not cute, or what?" Gayle King shrieks delightedly into the phone.

"I'm gonna tell you something 'cause you know I love you," says King's best friend, Oprah Winfrey, in that uh-oh tone. "Your picture is horrible, girl. The clothes, the makeup, the hair. It's bad."

"What do you mean?" King whines, sounding hurt about the feedback on the publicity photos for her new talk show.

"Get rid of that yellow suit. The only place the color yellow works is in the kitchen."

"I am *not* getting rid of my yellow suit."

"You need to burn it. . . ."



These are not just any two girlfriends dishing it. The most popular TV personality in the world is giving advice to her best friend, a TV newscaster in Hartford, Connecticut, who will now be competing in the talk-show arena with her. Their seventeen-year friendship has survived a marriage and divorce (King's) and fame and fortune (Winfrey's), and will no doubt now stand the test of the Nielsen ratings.

Perhaps the real measure of friendship is not so much how friends stand by you when you're down, but how well they stand with you when you're up—and immensely rich, famous and successful. And Winfrey clearly loves King for her true and constant friendship. "She tells me I keep her grounded," says King.

"I am not getting rid of it, Oprah," King repeats.

"Okay, parrot," Winfrey quips, "I'm just trying to save your butt." She then suddenly turns serious. "Look, Gayle, I've been through it. You're not getting good advice. Those shots aren't prof- sional. I want you to all my photographer, and I sending Andre out the to you to do your hair."

King listens, does it Oprah's way and is thrill with the results.

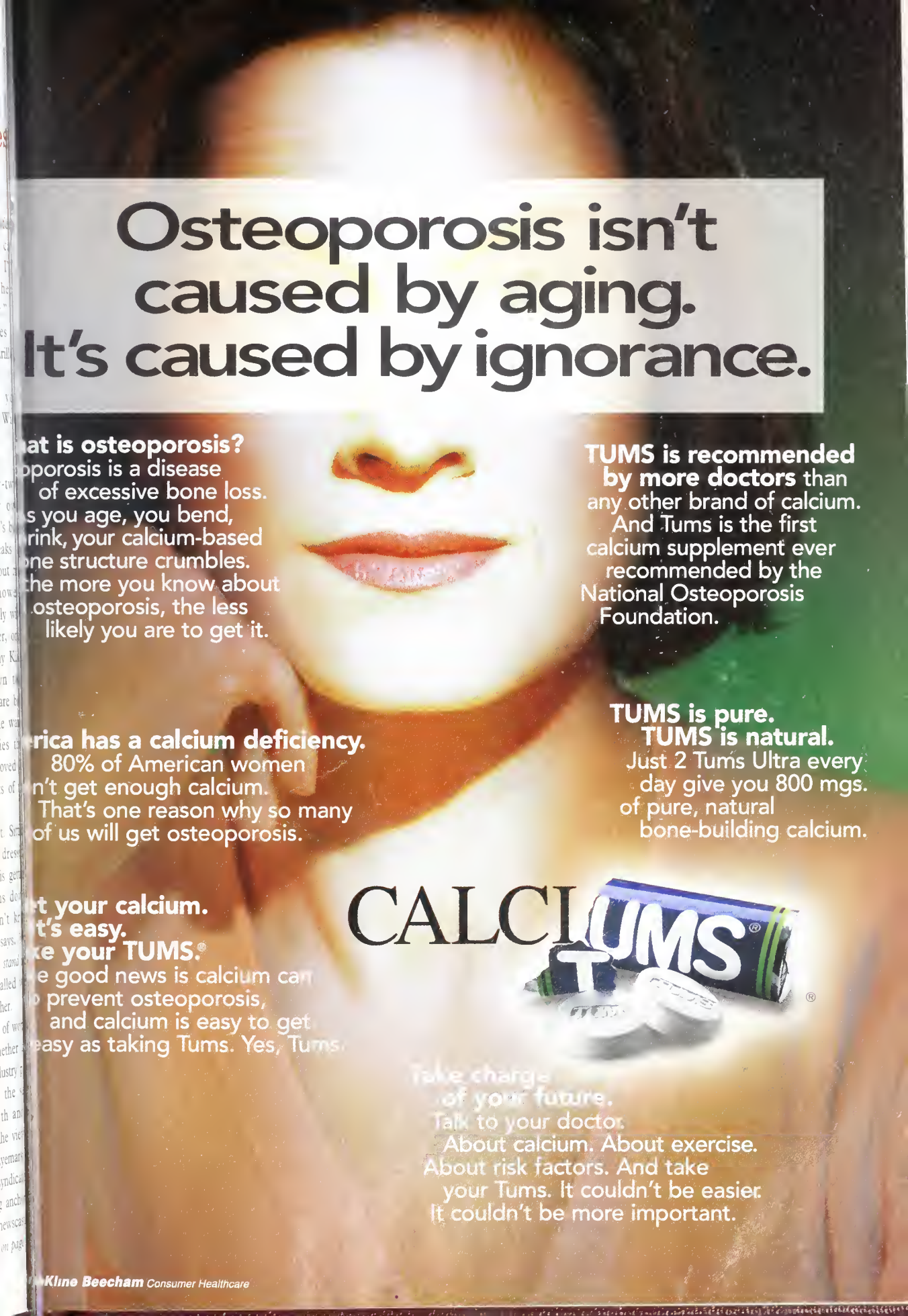
"How much do y love yourself *now*?" Wi frey asks gleefully.

Gayle King, forty-tw has achieved her o celebrity as Winfrey's b friend. Winfrey speaks her daily, brags about publicly and show King and her family wi gifts. This, however, partly explains why Ki now has her own t show. Producers are b ting that the same w girlfriend qualities t make her so beloved Winfrey will win the hearts of rest of America.

It seems like a sure shot. Sit in *The Gayle King Show* dress room, in Hartford, King is get glammed up but remains do home real. "Ooh, I don't kn about these lashes," she says, ting the falsies. "Can you *stand* she finally squeals, enthralled w the image she sees before her.

Gayle King is the kind of wo people like instantly, whether P.T.A. meeting or an industry p er luncheon. "She has the s thing as Oprah—warmth and ability to connect with the view says Jim Dauphinee of Eyemark tertainment, the show's syndicato

As the Emmy-winning anchor the noon and five P.M. newscast Hartford's *(continued on page*


Osteoporosis isn't caused by aging. It's caused by ignorance.
at is osteoporosis?
porosis is a disease of excessive bone loss.
s you age, you bend, rink, your calcium-based ne structure crumbles.
he more you know about osteoporosis, the less likely you are to get it.
TUMS is recommended by more doctors than any other brand of calcium. And Tums is the first calcium supplement ever recommended by the National Osteoporosis Foundation.
rica has a calcium deficiency.
80% of American women n't get enough calcium. That's one reason why so many of us will get osteoporosis.
TUMS is pure. TUMS is natural.
Just 2 Tums Ultra every day give you 800 mgs. of pure, natural bone-building calcium.
t your calcium. t's easy. e your TUMS.
e good news is calcium can prevent osteoporosis, and calcium is easy to get easy as taking Tums. Yes, Tums.
CALCIUMS
Take charge of your future.
Talk to your doctor. About calcium. About exercise. About risk factors. And take your Tums. It couldn't be easier. It couldn't be more important.
Kline Beecham Consumer Healthcare



"I'm going to take charge of my DIABETES for more reasons than ever."



Maybe GLUCOPHAGE can help.

GLUCOPHAGE (pronounced "glue-ko-fahj") is a pill that helps control your blood sugar. Your doctor or healthcare provider can prescribe GLUCOPHAGE alone, or along with the most commonly used diabetes pills for better blood sugar control. With GLUCOPHAGE, your weight tends to stay the same or may even decrease somewhat. GLUCOPHAGE could even improve your cholesterol, especially if it's high.

Type 2 diabetes gets progressively worse, and insulin is sometimes the right choice, but before you get to that point, fight back! Find out how GLUCOPHAGE can help get your diabetes under control when added to an approved diet. Your doctor or healthcare provider will know best if GLUCOPHAGE is right for you. For more information, call 1-800-392-9700.

If side effects occur, they usually occur during the first few weeks of therapy. They are normally minor ones such as diarrhea, nausea, and upset stomach. Taking GLUCOPHAGE with meals can help reduce these side effects. The most serious side effect associated with GLUCOPHAGE is called lactic acidosis. Lactic acidosis is caused by a buildup of lactic acid in the blood. Lactic acidosis associated with GLUCOPHAGE is rare and has occurred in one in 33,000 patients on GLUCOPHAGE over the course of one year. Primarily, this happens in people whose kidneys are not working normally, who have a history of liver disease, or who drink alcohol excessively. If lactic acidosis occurs, it can be fatal in up to half the cases. There is some evidence that some oral diabetes drugs may increase the risk of heart problems. Please see important patient information on the next page.

ASK YOUR DOCTOR ABOUT...

GLUCOPHAGE®
(Metformin Hydrochloride Tablets)500 mg

FIGHT BACK

Bristol-Myers Squibb Company

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PATIENT INFORMATION ABOUT GLUCOPHAGE®

(metformin hydrochloride tablets)

500 mg and 850 mg

WARNING: A small number of people who have taken Glucophage have developed a serious condition called lactic acidosis. Properly functioning kidneys are needed to help prevent lactic acidosis. Most people with kidney problems should not take Glucophage. (See Question Nos. 7-11)

Q1. Why do I need to take GLUCOPHAGE?
Your doctor has prescribed GLUCOPHAGE (GLUE-coe-fahj) to treat your type II diabetes. This is also known as non-insulin-dependent diabetes mellitus (NIDDM).

Q2. What is type II diabetes?
People with diabetes are not able to make enough insulin and/or respond normally to the insulin their body does make. When this happens, sugar (glucose) builds up in the blood. This can lead to serious medical problems including kidney damage, amputations and blindness. Diabetes is also closely linked to heart disease. The main goal of treating diabetes is to lower your blood sugar to a normal level.

Q3. How is type II diabetes usually controlled?
High blood sugar can be lowered by diet and exercise, by a number of oral medications and by insulin injections. Before taking GLUCOPHAGE you should first try to control your diabetes by exercise and weight loss. Even if you are taking GLUCOPHAGE, you should still exercise and follow the diet recommended for your diabetes.

Q4. Does GLUCOPHAGE work differently from other glucose-control medications?
Yes it does. Until GLUCOPHAGE (metformin hydrochloride tablets) was introduced, all the available oral glucose-control medications were from the same chemical group called sulfonylureas. These drugs lower blood sugar primarily by causing more of the body's own insulin to be released. GLUCOPHAGE (metformin hydrochloride tablets) lowers the amount of sugar in your blood by helping your body respond better to its own insulin. GLUCOPHAGE does not cause your body to produce more insulin. Therefore, GLUCOPHAGE rarely causes hypoglycemia (low blood sugar) and it doesn't usually cause weight gain.

Q5. What happens if my blood sugar is still too high?
When blood sugar cannot be lowered enough by either GLUCOPHAGE or a sulfonylurea, the two medications may be effective taken together. However, if you are unable to maintain your blood sugar with diet, exercise and glucose-control medication taken orally, then your doctor may prescribe injectable insulin to control your diabetes.

Q6. Can GLUCOPHAGE cause side effects?
GLUCOPHAGE, like all blood-sugar lowering medications, can cause side effects in some patients. Most of these side effects are minor and will go away after you've taken GLUCOPHAGE for a while. However, there are also serious, but rare side effects related to GLUCOPHAGE (see below).

7. What kind of side effects can GLUCOPHAGE cause?
If side effects occur, they usually occur during the first few weeks of therapy. They are normally minor ones such as diarrhea, nausea and upset stomach. Taking your GLUCOPHAGE with meals can help reduce these side effects.

Although these side effects are likely to go away, call your doctor if you have severe discomfort or if these effects last for more than a few weeks. Some patients may need to have their dose lowered or stop taking GLUCOPHAGE, either temporarily or permanently. Although these problems occur in up to one-third of patients when they first start taking GLUCOPHAGE, you should tell your doctor if the problems come back or start later on during the therapy.

About three out of one hundred people report having a temporary unpleasant or metallic taste when they start taking GLUCOPHAGE.

Q8. Are there any serious side effects that GLUCOPHAGE can cause?
GLUCOPHAGE rarely causes serious side effects. The most serious side effect that GLUCOPHAGE can cause is called lactic acidosis.

Q9. What is lactic acidosis and can it happen to me?
Lactic acidosis is caused by a buildup of lactic acid in the blood. Lactic acido[sis] associated with GLUCOPHAGE is rare and has occurred mostly in people whose [kidneys] were not working normally. Lactic acidosis has been reported in about one i[n 33,0]00 patients taking GLUCOPHAGE (metformin hydrochloride tablets) over the co[urse of a] year. Although rare, if lactic acidosis does occur, it can be fatal in up to half th[e cases.]

It's also important for your liver to be working normally when you take [GLUCO]PHAGE. Your liver helps remove lactic acid from your bloodstream.

Your doctor will monitor your diabetes and may perform blood tests on [you from] time to time to make sure your kidneys and your liver are functioning no[rmally.]

There is no evidence that GLUCOPHAGE causes harm to the kidneys or [liver.]

Q10. Are there other risk factors for lactic acidosis?
Your risk of developing lactic acidosis from taking GLUCOPHAGE is ver[y low] long as your kidneys and liver are healthy. However, some factors can [increase] your risk because they can affect kidney and liver function. You should [not take] GLUCOPHAGE if:

- You have chronic kidney or liver problems
- You drink alcohol excessively (all the time or short-term "binge" drinki[ng])
- You are seriously dehydrated (have lost a large amount of body fluids)
- You are going to have certain x-ray procedures with injectable contrast [agents]
- You are going to have surgery
- You develop a serious condition such as a heart attack, severe infection, stroke.

Q11. What are the symptoms of lactic acidosis?
Some of the symptoms include: feeling very weak, tired or uncomfortabl[y unusu]al muscle pain, trouble breathing, unusual or unexpected stomach di[scomfort,] feeling cold, feeling dizzy or lightheaded, or suddenly developing a slow [or irregu]lar heartbeat.

If you notice these symptoms, or if your medical condition has [suddenly] changed, stop taking GLUCOPHAGE and call your doctor right away. Lac[tic acido]sis is a medical emergency that must be treated in a hospital.

Q12. What does my doctor need to know to decrease my risk of lactic acidosis?
Tell your doctor if you have an illness that results in severe vomiting, [diarrhea] and/or fever, or if your intake of fluids is significantly reduced. These situations lead to severe dehydration, and it may be necessary to stop taking GLUCOPHAGE temporarily.

You should let your doctor know if you are going to have any surgery or [radiolog]ized x-ray procedures that require injection of contrast agents. GLUCOPHAGE therapy will need to be stopped temporarily in such instances.

Q13. Can I take GLUCOPHAGE with other medications?
Remind your doctor that you are taking GLUCOPHAGE when any new drug is prescribed or a change is made in how you take a drug already prescribed. GLUCOPHAGE may interfere with the way some drugs work and some drugs may interfere with the action of GLUCOPHAGE.

Q14. What if I become pregnant while taking GLUCOPHAGE?
Tell your doctor if you plan to become pregnant or have become pregnant. As with other oral glucose-control medications, you should not take GLUCOPHAGE during pregnancy.

Usually your doctor will prescribe insulin while you are pregnant. As with medications, you and your doctor should discuss the use of GLUCOPHAGE if you are nursing a child.

Q15. Are there other risks associated with GLUCOPHAGE?
There is some evidence that any oral diabetes drug may increase the risk of heart problems. Experts are not sure what the real risk is for heart problems, if any, taking oral diabetes medicine.

Q16. How do I take GLUCOPHAGE?
Your doctor will tell you how many GLUCOPHAGE tablets to take and when. This should also be printed on the label of your prescription. You will probably be started on a low dose of GLUCOPHAGE and your dosage will be increased gradually until your blood sugar is controlled.

Q17. Where can I get more information about GLUCOPHAGE?
This leaflet is a summary of the most important information about GLUCOPHAGE. If you have any questions or problems, you should talk to your doctor or other healthcare provider about type II diabetes as well as GLUCOPHAGE and its side effects. There is also a leaflet (package insert) written for health professionals that your pharmacist can let you read.

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Revised June 1996

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Princeton, NJ 08543 USA

se Aren't r Mother's Diet Pills

odbye to yesterday's diet pills and go l fat-burning with a unique, patented f herbs, vitamins and minerals. To lower erol, burn fat, and tone muscle we've DHEA. To ensure there are no nasty ects, BioSafe is 100% free of ma-huang, and ephedrine. For maximum results, is supercharged with the GAFA- ex to increase weight-loss results. ules for $29.95 + $4.95 s/h.

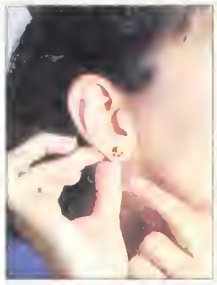


'A— Weight Loss Accelerator

through blend of homeopathic herbs and minerals. Highly ended by European doctors, it's available exclusively in the BioSafe.

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Skip the diet, let the secret art of Chinese acupressure help you lose weight. With magnetic earrings from R+P Technologies, your hunger will be suppressed as pressure is applied to points on the earlobe that control taste and appetite. These elegant earrings are 24k gold-plated and do not clip-on or pierce the ear, but are gently held firmly in place by magnetic force. Available in Gold. $29.95+$4.95 s/h.





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Use magnetic energy to tone, condition and revitalize skin. The mask has 19–2,000 gauss, 24 ct., gold-plated magnets strategically placed along wrinkle lines to bring blood to the surface and improve circulation. Just wear the Magnetic Health & Beauty Mask 30 minutes a day for healthier skin and a more beautiful you. $59.95 +$5.95 s/h.

ler Magnetic Health & Beauty Mask, Appetite-Suppression Earrings or BioSafe call 1-800-903-2696 (credit card orders only) end ck/m.o. to R&P Technologies, P.O. Box 308, Scotch Plains, NJ 07076-0308, Dept. LHJ10. 30-day money back guarantee.

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D'Arcy *Ageless Elixir* dramatically reduces lines and wrinkles with an unprecedented Beta+™ complex. This revolutionary renewal remedy is guaranteed to turn back the hands of time...your skin will look as though you've been drinking from the fountain of youth. Special Offer: Call 1-800-371-8658 to order D'Arcy *Ageless Elixir* (1 oz. bottle) for only $49.95 + $5 s/h and receive by priority mail the world's most advanced aging Beta+ skin formula. Or send ck/m.o. to D'Arcy Skincare, 5815 N. Andrews Way, Dept. LHJ10, Ft. Lauderdale, FL 33309.



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King and Winfrey on a recent vacation

"I know Oprah is rooting for me," says Gayle King

GIRL TALK

Continued from page 136

WFSB Channel 3 for the last eight years, King is not new to TV. In fact, it was while working as a production assistant at station WJZ in Baltimore that she met Oprah, who was an anchor at the station nearly twenty years ago. "There was a snowstorm one night," King recalls, "and Oprah invited me to spend the night at her house. We talked all night. We've been friends ever since."

What makes King a best friend, though, is that she delights in every detail of Winfrey's exciting life. "People always amaze me by asking, 'Aren't you jealous of Oprah?' and I say, 'Why would I be?' I'm happy with my own life, and I'm so thrilled for her. When I visit Oprah I'm wined and dined and chauffeured around in a limo. And when I come home and can't remember where I parked the car at the airport or trip over the kids' toys, I think the visit was great, but I really like my life, too."

King's life revolves around family. After thirteen years of marriage, King divorced her husband, a "very good-looking Yale-educated lawyer." She is raising two children, aged eight and eleven, for whom Winfrey is the godmother, and is determined that her children grow up having access to their father. "My ex-husband's going to coach my son's basketball team next year, and it just wouldn't be the same if we moved away," she says.

Such are the family values that King grew up with. She was raised upper-middle-class, the oldest daughter of an electronics engineer and a homemaker. King's own conflicts and values are what the show's executive producer, Linda Ellman, hopes will get audiences involved. "She's a single, working mother raising two kids, and she would like to find a man," says Ellman. "Her life has prepared her for this show." Its half-hour format, which will feature one or two guests daily and focus on everyday things, is not usual for television talk shows, but Ellman hopes viewers will treat it as a coffee break—with a close friend.

And, of course, it helps to have the one woman whose own talk show sets the standard for success as her own close friend. "I know Oprah is rooting for me," King says.

For those who think she got the show in the first place because of whom she knows, King is typically girlfriend-honest. "The fact that I'm Oprah's friend is very appealing to people, so I don't pooh-pooh that at all. But I also know once the show gets on the air, if it's not good, it won't matter whose friend I am." ●

Audrey Edwards is a contributing editor at Essence.

RIMADY

(carprofen)

Caplets

Non-steroidal anti-inflammatory drug

For oral usa in dogs only

CAUTION: Federal law restricts this drug to use by or on the order of a licensed veterinarian.

DESCRIPTION: Rimadyl (carprofen) is a non-steroidal anti-inflammatory drug (NSAID) of the propionic acid class that includes ibuprolen, naprox and ketoprofen.

INDICATIONS: Rimadyl is indicated for the relief of inflammation in dogs. Rimadyl was shown to be cl effective for the relief of signs associated with oste in dogs.

DOSAGE AND ADMINISTRATION: The recommended dosage for oral administration to 1 mg/lb of body weight twice daily. Caplets are scor dosage should be calculated in half-caplet increm

CONTRAINDICATIONS: There are no known contraindications to this drug when used as directed. Rimadyl should not be used in dogs exhibiting previous hypersensitivity to carprofen.

PRECAUTIONS: The safe use of Rimadyl in pregnant dogs, dogs used for breeding purposes, or in lactating bitches has not been established. Studies to determine the activity of Rimadyl when administered concomitantly with other protein-bound drugs have not been conducted. Drug compatibility should be monitored closely in patients requiring additional therapy.

As a class, cyclo-oxygenase inhibitory NSAIDs may be associated with gastrointestinal and renal toxicity. Sensitivity to associated adverse effects varies with the indiv patient. Patients at greatest risk for renal toxicity on concomitant diuretic therapy, or those with re vascular, and/or hepatic dysfunction. Since many possess the potential to induce gastrointestinal u concomitant use of Rimadyl with other anti-infl drugs, such as corticosteroids and NSAIDs, sho avoided or very closely monitored.

Rimadyl treatment was not associated with renal or gastrointestinal ulceration in safety studies of times tha dosa in dogs.

Rimadyl is not recommended for use in dogs with disorders (e.g., Von Willebrand's disease), as safe been established in dogs with these disorders.

WARNINGS: Keep out of reach of children. for human use. Consult a physician in case accidental ingestion by humans. **For use in only.** Do not use in cats.

The material safety data sheet (MSDS) contains mo occupational safety information. To report adverse in users or to obtain a copy of the MSDS for this p 1-800-366-5288.

ADVERSE REACTIONS: During investigational stu clinically significant adverse reactions were repo clinical signs were observed during field studies v similar for carprofen- and placebo-treated (cont Incidences of the following were observed in bot vomiting (4%), diarrhea (4%), changes in appet lethargy (1.4%), behavioral changes (1%), and co (0.3%). The product vehicle served as the control.

STORAGE: Store at controlled room temperature 1 (59°–86°F).

HOW SUPPLIED: Rimadyl caplets are scored, a 25 mg, 75 mg, or 100 mg of carprofen per caplet. E size is packaged in bottles containing 100 or 25

OBSERVE LABEL DIRECTIONS

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Give your dog real relief from arthritis pain, and you'll give your children back their favorite action hero.

itis pain can really slow your dog down. That's why it's important to recognize the early signs that your may be suffering from arthritis, including stiffness and difficulty rising, walking or climbing stairs. As tis pain becomes more severe, your dog may whimper, limp or resist your touch. If you notice any of signs, see your veterinarian. And when you discuss treatment, out Rimadyl® (carprofen) caplets, a breakthrough pain reliever. ld be just the thing to get your dog back into action. For more nation, call 1-800-720-DOGS or visit www.pfizer.com/ah.

f summary on adjacent page for important information.

Animal Health



How Private Is Your Private Life



Think your life is strictly *your* business? You'll be shocked to find out how much strangers know about you—and how they get their information. A special report

By Andrea Rock

In the spring of 1994, Beverly Dennis, fifty-seven, of Massillon, Ohio, filled out a consumer survey she received in the mail that promised free product samples and coupons in exchange for answering questions about her lifestyle and buying habits. The samples never arrived, but several weeks later Beverly received a terrifying, anonymous twelve-page letter that included sexually explicit descriptions of what the author planned to do to her, references to the type of soap she uses, how much she exercises and what magazines she reads. After spending several sleepless nights trying to figure out how this person could know so much, she realized that all the details in the letter came from her survey.

As it turned out, Beverly was one of the reported 1.3 million consumers whose survey answers were typed into a computer database by inmates at a Texas prison. The inmates were working as contract labor for Metromail Corporation, a data-research company that collects lifestyle trends on more than 90 percent of U.S. households and sells its research to thousands of other companies nationwide.

A local TV sumer rep helped Beverly the letter to a prisoned rapist although she f lawsuit against Metromail an Texas crimina tice departm Beverly says n can restore peace of mind lives in constan of the convict is due to be re in September "For the rest life I'll be sca death every t see a strange my street," sh "It is just wro companies to millions tradin sonal inform about us wi our knowledge

Beverly's e ence is a distr example of h technological revoluti lows personal informat be gathered and centr in computer datab where it can be bo sold and viewed by less strangers at the of a few keys. Unlike other industrialized tries throughout the the U.S. has not e laws to safeguard us computer age and i penalties for abuses. are the three *(co*


MISTY
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ASSY
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LIGHTS
LIGHT
PRICE,
TOO
Lights
SLIMS
© 1996 B&W T Co
8 mg "tar", 0.7 mg nicotine
av. per cigarette by FTC method.
SURGEON GENERAL'S WARNING: Cigarette
Smoke Contains Carbon Monoxide.

areas that have the greatest potential for privacy invasion.

Direct-Marketing Dangers

As Beverly Dennis learned the hard way, each time you fill out a consumer survey, a product-registration card or a sweepstakes entry form, you are most likely entering information about yourself into a computerized mailing list that can be sold or rented out to countless companies for marketing purposes. Likewise, when you use a credit card to order from a catalog or a grocery store's savings bonus card at the checkout line, information about your buying habits is linked to your name and address in a list that may be rented many times.

Public records are another source for companies looking for marketing leads. When you have a baby, buy a home or even file a change-of-address form at the post office, there is a good chance your name is being entered into at least one marketer's computer database. "Once information about you is out there, you lose all control over it—things happen and you may never know why," says Dave Banisar of the Electronic Privacy Information Center, a consumer-advocacy group in Washington, D.C.

The direct-mail industry denies that it compromises consumer privacy and safety. In the interest of consumer privacy, the Direct Marketing Association (DMA), headquartered in Washington, D.C., does require that its members adhere to specific guidelines, including finding out how their mailing lists will be used before they are sold.

Metromail, whose clients include most major magazines, including *Ladies' Home Journal*, calls what happened to Beverly Dennis an aberration. "It was not our practice to use prison labor," says Tim Fitzpatrick, vice president of corporate communications for Metromail. "Metromail acquired another company that had a subcontracting agreement with the Texas prison system. Clearly, we feel that what happened to Beverly Dennis was exceptionally unfortunate, but we believe customer surveys are a responsible way to go about direct marketing." Although Metromail no longer contracts convicts to process its surveys, prison inmates in thirty-one states still routinely work for other private companies, in jobs ranging from data processing to answering 800-number telephone calls.

Banning the use of prison labor to process sensitive consumer information is one of the goals of the Kids Off Lists Coalition, an advocacy group led by Marc Klaas, w twelve-year-old daughter Poll abducted and brutally murde California in 1993. Klaas wa raged to discover that Metr sold names, ages, addresse telephone numbers of millio children through a 900 tele number, charging $3 a minut local TV reporter here calle number and, using the name man who murdered my dau was able to obtain a list o thousand kids for two hundre enty-seven dollars," says H Metromail *(continued on pa*

Protecting Your Privacy

Almost daily, we give away private information without even realizing it. Here are some steps you can take to protect yourself:

1. Whenever you mail in a warranty or product registration card, the information you provide will probably be entered into a marketing database. "You don't lose any legal rights by not mailing in the cards; the information is mainly used for marketing purposes," says consumer privacy advocate Dave Banisar.

2. Think twice before participating in informal health screenings that are offered at pharmacies, shopping malls or other nonmedical settings. The information collected may end up being sold to various businesses that will then solicit you to buy medications or other products related to your test results.

3. To get your name off mailing lists for preapproved offers of credit (which can provide thieves with key financial data about you if the unsolicited mailings are not shredded before being thrown in the trash), notify the three major credit bureaus by calling Experian (800-353-0809) and Trans Union (800-680-7293) and writing to Equifax Options, P.O. Box 740123, Atlanta, GA 30374.

4. Do not carry your Social Security card in your wallet, and only give out your number when it is required—primarily for tax-related matters such as employer's payroll records and most banking, stock and property transactions.

5. Check the accuracy of information that's already out the on you. Your medical history is probably stored in the insurance industry's database, known as the Medical Information Bureau (MIB). For $8 you can get a copy of your report from MIB (617-426-3660). At least once every three years, order a free copy of your Social Security Earnings and Benefits Statement (800-772-1213) to ensure that your earnings are accurately recorded and that no one else is using your number. Al order an annual copy of your cred reports from each of the three national credit reporting agencie Call Experian (800-682-7654), Equifax (800-685-1111) and Tra Union (800-916-8800). You'll pa $8 for each copy of your report.

6. If you wish, write to the Direct Marketing Association's (DMA) Mail Preference Service, P.O. Bo 9008, Farmingdale, NY 11735, a ask to be taken off marketers' unsolicited mailing lists. DMA members honor your request, an most major nationwide compani are members, so you will substantially reduce the overflo of unsolicited mail. To reduce c from telemarketers, mail a simil request to the DMA's Telephone Preference Service, P.O. Box 90 Farmingdale, NY 11735. —A



Love goes both ways. Could there be a way to show her your appreciation? We'd like to suggest elect Dinners' Food for Small Dogs. A gourmet meal, Select Dinners is prepared with beef that's been hrough the USDA inspection process, then gently cooked in its own meaty juices to preserve the flavors. nd speaking of flavors, Select Dinners comes in six different varieties to please even the pickiest of appetites.



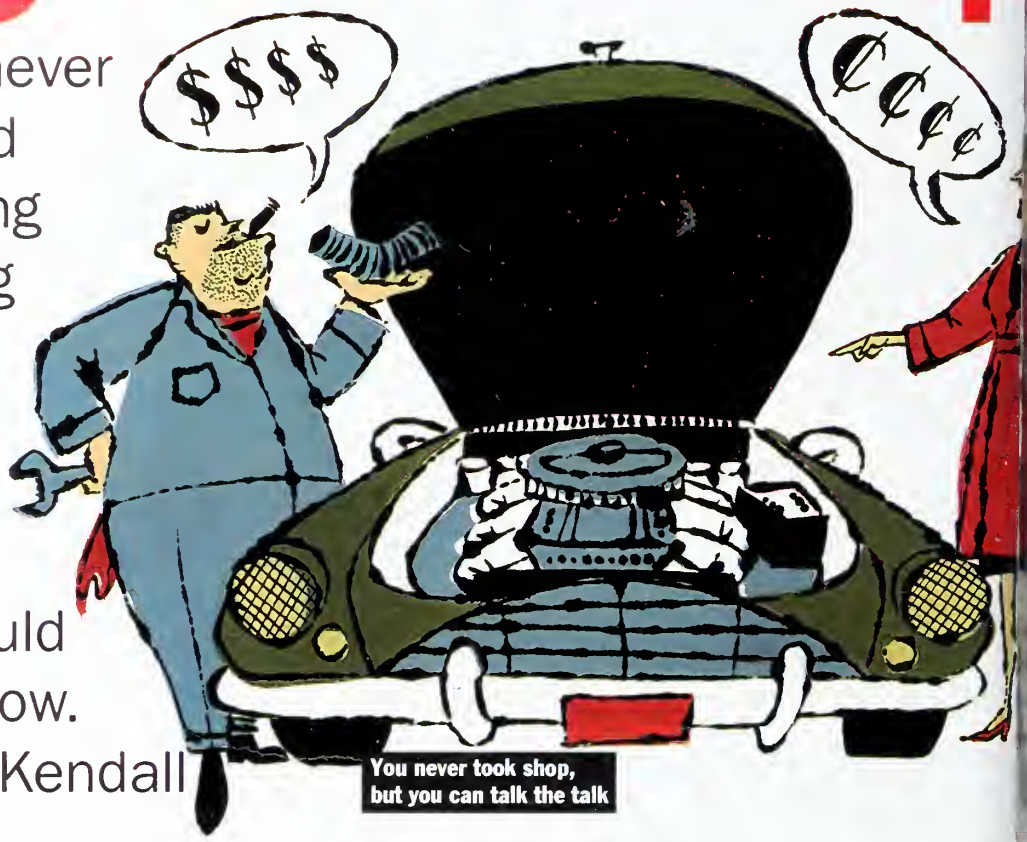
New label coming soon.

Select Dinners. For someone special.

How to tell if you're a grown-up

You may never get around to skydiving or learning Russian, but there are some things you really should know by now.

By Aimee Kendall



You never took shop, but you can talk the talk

Avoid Being Taken By An Auto Mechanic. If you can't tell the carburetor from the crankshaft, you might as well wear a sign that says Easy Mark. When it comes to cars, knowledge is power—take it from Lucille Treganowan, a self-taught auto mechanic and author of *Lucille's Car Care* (Hyperion, 1997). Skimming a very basic handbook for an hour or two, she says, can make a big difference. "At the very least, it can tell you what's in the power train [engine, transmission, drive shaft and axles] and which dipsticks measure what." Then take a quick tour under your hood to find out what's where.

But you don't need book-smarts to know that if a repair estimate sounds too good to be true, it probably is. Likewise, your instincts may be accurate if the price sounds way too exorbitant. Even the mechanically illiterate can:

Detect a problem. You drive the car every day. Pay attention to its performance and don't ignore strange sounds or vibrations.

Find a top-notch garage. Trust word of mouth and your first impression of competence.

Help diagnose a malfunction. What color is the fluid that's leaking? How fast is the car going when it wobbles? Every detail you can provide will help the mechanic.

Enjoy Eating Dinner In A Restaurant Alone. You make yourself as inconspicuous as possible. You never look up from your boo You eat and run. You're not in t Witness Protection Program, so this any way to enjoy some good fo and free time? "We've been pr grammed to think that every resta rant meal requires companionshi but dining alone gives you the perf opportunity to really pamper you self—go where you want, sit whe you want, leave when you want," horts Nancy Mills, who often su solo on the road as editor and pu lisher of *Travelin' Woman* newslett "Just don't let them seat you behi the plant or near the kitchen," M advises. "Request a table in the m dle of everything." Or, forget t crowd, enjoy the solitude—and or lots of food. *(continu*

QUENT HEARTBURN SUFFERERS:

your heartburn edicine works o well, why do ou keep tting eartburn?



YOUR DOCTOR ABOUT OSEC

one capsule of OSEC daily can provide our acid control.

still suffer from heartburn two or imes a week, you probably don't rdinary heartburn.

ay have a potentially serious condition called eflux disease (also known as gastroesophageal disease, or GERD). Today doctors can help scribing PRILOSEC. It is highly effective in olling acid production for 24 hours—even after , and all night, too—with just one capsule a day.

ntly prescribed by gastrointestinal ists.

GERD sufferers have experienced the 24-hour ontrol and relief PRILOSEC can offer.

le only by prescription. Ask your if PRILOSEC is right for you.

OSEC is generally well tolerated, but it is not erybody. The most common side effects are che (6.9%), diarrhea (3.0%), and abdominal 2.4%).

read important information on the nt page and discuss it with your doctor.

FREE INFORMATION KIT

1-800-336-1070

You will receive FREE: a brochure about frequent heartburn, acid reflux disease, and PRILOSEC; plus, a personal heartburn diary, and a symptom questionnaire to help your doctor help you.



JUST ONE CAPSULE DAILY FOR 24-HOUR ACID CONTROL

PRILOSEC®* (OMEPRAZOLE) 20 MG ONCE DAILY

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Please read this summary carefully, and then ask your doctor about PRILOSEC. No advertisement can provide all the information needed to prescribe a drug. This advertisement does not take the place of careful discussions with your doctor. *Only your doctor* has the training to weigh the risks and benefits of a prescription drug for you.

PRILOSEC®* *(OMEPRAZOLE) Delayed-Release Capsules*

BRIEF SUMMARY

CLINICAL PHARMACOLOGY ***Pharmacokinetics and Metabolism:*** **Omeprazole –** In pharmacokinetic studies of single 20 mg omeprazole doses, an increase in AUC of approximately four-fold was noted in Asian subjects compared to Caucasians. Dose adjustment, particularly where maintenance of healing of erosive esophagitis is indicated, for the hepatically impaired and Asian subjects should be considered.

INDICATIONS AND USAGE ***Duodenal Ulcer:*** PRILOSEC is indicated for short-term treatment of active duodenal ulcer. Most patients heal within 4 weeks. Some patients may require an additional 4 weeks of therapy. PRILOSEC, in combination with clarithromycin, is also indicated for treatment of patients with *H. pylori* infection and active duodenal ulcer to eradicate *H. pylori*. Eradication of *H. pylori* has been shown to reduce the risk of duodenal ulcer recurrence. In patients who fail therapy, susceptibility testing should be done. If resistance to clarithromycin is demonstrated or susceptibility testing is not possible, alternative antimicrobial therapy should be instituted. (See the clarithromycin package insert, MICROBIOLOGY section.) ***Gastric Ulcer:*** PRILOSEC is indicated for short-term treatment (4-8 weeks) of active benign gastric ulcer. ***Treatment of Gastroesophageal Reflux Disease (GERD):*** **Symptomatic GERD –** PRILOSEC is indicated for the treatment of heartburn and other symptoms associated with GERD. **Erosive Esophagitis –** PRILOSEC is indicated for the short-term treatment (4-8 weeks) of erosive esophagitis which has been diagnosed by endoscopy. The efficacy of PRILOSEC used for longer than 8 weeks in these patients has not been established. In the rare instance of a patient not responding to 8 weeks of treatment, it may be helpful to give up to an additional 4 weeks of treatment. If there is recurrence of erosive esophagitis or GERD symptoms (e.g. heartburn), additional 4-8 week courses of omeprazole may be considered. ***Maintenance of Healing of Erosive Esophagitis:*** PRILOSEC is indicated for maintenance of healing of erosive esophagitis. Controlled studies do not extend beyond 12 months. ***Pathological Hypersecretory Conditions:*** PRILOSEC is indicated for the long-term treatment of pathological hypersecretory conditions (e.g. Zollinger-Ellison syndrome, multiple endocrine adenomas and systemic mastocytosis).

CONTRAINDICATIONS ***Omeprazole:*** PRILOSEC Delayed-Release Capsules are contraindicated in patients with known hypersensitivity to any component of the formulation. ***Clarithromycin:*** Clarithromycin is contraindicated in patients with a known hypersensitivity to any macrolide antibiotic. Concomitant administration of clarithromycin with cisapride, pimozide, or terfenadine is contraindicated. There have been post-marketing reports of drug interactions when clarithromycin and/or erythromycin are co-administered with cisapride, pimozide, or terfenadine resulting in cardiac arrhythmias (QT prolongation, ventricular tachycardia, ventricular fibrillation, and torsades de pointes) most likely due to inhibition of hepatic metabolism of these drugs by erythromycin and clarithromycin. Fatalities have been reported. (Please refer to full prescribing information for clarithromycin before prescribing.)

WARNING: ***Clarithromycin:*** **CLARITHROMYCIN SHOULD NOT BE USED IN PREGNANT WOMEN EXCEPT IN CLINICAL CIRCUMSTANCES WHERE NO ALTERNATIVE THERAPY IS APPROPRIATE. IF PREGNANCY OCCURS WHILE TAKING CLARITHROMYCIN, THE PATIENT SHOULD BE APPRISED OF THE POTENTIAL HAZARD TO THE FETUS. (See WARNINGS *in prescribing information* for clarithromycin.)**

PRECAUTIONS ***General:*** Symptomatic response to therapy with omeprazole does not preclude the presence of gastric malignancy. Atrophic gastritis has been noted occasionally in gastric corpus biopsies from patients treated long-term with omeprazole. ***Information for Patients:*** PRILOSEC Delayed-Release Capsules should be taken before eating. Patients should be cautioned that the PRILOSEC Delayed-Release Capsule should not be opened, chewed or crushed, and should be swallowed whole. ***Drug Interactions:*** **Other –** Omeprazole can prolong the elimination of diazepam, warfarin and phenytoin - drugs that are metabolized by oxidation in the liver. Although in normal subjects no interaction with theophylline or propranolol was found, there have been clinical reports of interaction with other drugs metabolized via the cytochrome P-450 system (e.g., cyclosporine, disulfiram, benzodiazepines). Patients should be monitored to determine if it is necessary to adjust the dosage of these drugs when taken concomitantly with PRILOSEC. Because of its profound and long lasting inhibition of gastric acid secretion, it is theoretically possible that omeprazole may interfere with absorption of drugs where gastric pH is an important determinant of their bioavailability (e.g., ketoconazole, ampicillin esters, and iron salts). In the clinical trials, antacids were used concomitantly with the administration of PRILOSEC. **Combination Therapy with Clarithromycin –** Co-administration of omeprazole and clarithromycin may result in increases in plasma levels of omeprazole, clarithromycin, and 14-hydroxy-clarithromycin. (See CLINICAL PHARMACOLOGY, *Pharmacokinetics, Combination Therapy with Clarithromycin* in full Prescribing Information.) Concomitant administration of clarithromycin with cisapride, pimozide, or terfenadine is contraindicated. There have been reports of an interaction between erythromycin and astemizole resulting in QT prolongation and torsades de pointes. Concomitant administration of erythromycin and astemizole is contraindicated. Because clarithromycin is also metabolized by cytochrome P450, concomitant administration of clarithromycin with astemizole is not recommended. See also CONTRAINDICATIONS, *Clarithromycin*, above. Please refer to full prescribing information for clarithromycin before prescribing. ***Carcinogenesis, Mutagenesis, Impairment of Fertility:*** In two 24-month carcinogenicity studies in rats, omeprazole at daily doses of 1.7, 3.4, 13.8, 44.0 and 140.8 mg/kg/day (approximately 4 to 352 times the human dose, based on a patient weight of 50 kg and a human dose of 20 mg) produced gastric ECL cell carcinoids in a dose-related manner in both male and female rats; the incidence of this effect was markedly higher in female rats, which had higher blood levels of omeprazole. Gastric carcinoids seldom occur in the untreated rat. In addition, ECL cell hyperplasia was present in all treated groups of both sexes. In one of these studies, female rats were treated with 13.8 mg/kg/day omeprazole (approximately 35 times the human dose) for 1 year, then followed for an additional year without the drug. No carcinoids were seen in these rats. An increased incidence of treatment-related ECL cell hyperplasia was observed at the end of 1 year (94% treated vs 10% controls). By the second year the difference between treated and control rats was much smaller (46% vs 26%), but still showed more hyperplasia in the treated group. An unusual primary malignant tumor in the stomach was seen in one rat (2%). No similar tumor was seen in male or female rats treated for 2 years. For this strain of rat no similar tumor has been noted historically, but a finding involving only one tumor is difficult to interpret. A 78-week mouse carcinogenicity study of omeprazole did not show increased tumor occurrence, but the study was not conclusive. Omeprazole was not mutagenic in an *in vitro* Ames *Salmonella typhimurium* assay, an *in vitro* mouse lymphoma cell assay, and an *in vivo* rat liver DNA damage assay. A mouse micronucleus test at 625 and 6250 times the human dose gave a borderline result, as did an *in vivo* bone marrow chromosome aberration test. A second mouse micronucleus study at 200 times the human dose, but with different (suboptimal) sampling times, was negative. ***Pregnancy:*** **Omeprazole: Pregnancy Category C –** In rabbits, omeprazole in a dose range of 6.9 to 69.1 mg/kg/day (approximately 17 to 172 times the human dose) produced dose-related increases in embryo-lethality, fetal resorptions and pregnancy disruptions. In rats, dose-related embryo/fetal toxicity and postnatal developmental toxicity were observed in offspring resulting from parents treated with omeprazole 13.8 to 138.0 mg/kg/day (approximately 35 to 345 times the human dose). There are no adequate or well-controlled studies in pregnant women. Sporadic reports have been received of congenital abnormalities occurring in infants born to women who have received omeprazole during pregnancy. Omeprazole should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. **Clarithromycin: Pregnancy Category C –** See WARNING (above) and full prescribing information for clarithromycin before using in pregnant women. ***Nursing Mothers:*** It is not known whether omeprazole is excreted in human milk. In rats, omeprazole administration during late gestation and lactation at doses of 13.8 to 138 mg/kg/day (35 to 345 times the human dose) resulted in decreased weight gain in pups. Because many drugs are excreted in human milk, because of the potential for serious adverse reactions in nursing infants from omeprazole, and because of the potential for tumorigenicity shown for omeprazole in rat carcinogenicity studies, a decision should be made whether to discontinue nursing or discontinue the drug, taking into account the importance of the drug to the mother. ***Pediatric Use:*** Safety and effectiveness in children have not been established.

ADVERSE REACTIONS: In the U.S. clinical trial population of 465 patients (including duodenal ulcer, Zollinger-Ellison syndrome and resistant ulcer patients), the following adverse experiences were reported to occur in 1% or more of patients on therapy with PRILOSEC. Numbers in parentheses indicate percentages of the adverse experiences considered by investigators as possibly, probably, or definitely related to the drug.

	Omeprazole (n=465)	Placebo (n=64)	Ranitidine (n=68)
Headache	6.9 (2.4)	6.3	7.7 (2
Diarrhea	3.0 (1.9)	3.1 (1.6)	2.1 (0
Abdominal Pain	2.4 (0.4)	3.1	2.1
Nausea	2.2 (0.9)	3.1	4.1 (0
URI	1.9	1.6	2.6
Dizziness	1.5 (0.6)	0.0	2.6 (
Vomiting	1.5 (0.4)	4.7	1.5 (0
Rash	1.5 (1.1)	0.0	0.0
Constipation	1.1 (0.9)	0.0	0.0
Cough	1.1	0.0	1.5
Asthenia	1.1 (0.2)	1.6 (1.6)	1.5 (
Back Pain	1.1	0.0	0.5

The following adverse reactions which occurred in 1% or more of omeprazole-treated patients have been international double-blind, and open-label, clinical trials in which 2,631 patients and subjects received omep

Incidence of Adverse Experiences ≥ 1% Causal Relationship not Assessed

		Omeprazole (n=2631)	Placebo
Body as a Whole, site unspecified	Abdominal pain	5.2	3
	Asthenia	1.3	0
Digestive System	Constipation	1.5	0
	Diarrhea	3.7	2
	Flatulence	2.7	5
	Nausea	4.0	6
	Vomiting	3.2	1
	Acid regurgitation	1.9	3
Nervous System/Psychiatric	Headache	2.9	2

Additional adverse experiences occurring in <1% of patients or subjects in domestic and/or internatio occurring since the drug was marketed, are shown below within each body system. In many instances, the to PRILOSEC (omeprazole) was unclear. *Body As a Whole.* Fever, pain, fatigue, malaise, abdomi *Cardiovascular:* Chest pain or angina, tachycardia, bradycardia, palpitation, elevated blood pressure, periph *Gastrointestinal:* Pancreatitis (some fatal), anorexia, irritable colon, flatulence, fecal discoloration, esophageal mucosal atrophy of the tongue, dry mouth. During treatment with omeprazole, gastric fundic gland polyps noted rarely. These polyps are benign and appear to be reversible when treatment is discontinued. Gast carcinoids have been reported in patients with ZE syndrome on long-term treatment with PRILOSEC. Th believed to be a manifestation of the underlying condition, which is known to be associated with such tumo Mild and, rarely, marked elevations of liver function tests [ALT (SGPT), AST (SGOT), γ-glutamyl transpeptid phosphatase, and bilirubin (jaundice)]. In rare instances, overt liver disease has occurred, including he cholestatic, or mixed hepatitis, liver necrosis (some fatal), hepatic failure (some fatal), and hepatic enc *Metabolic/Nutritional:* Hyponatremia, hypoglycemia, weight gain. *Musculoskeletal:* Muscle cramps, myal weakness, joint pain, leg pain. *Nervous System/Psychiatric:* Psychic disturbances including depression, hallucinations, confusion, insomnia, nervousness, tremors, apathy, somnolence, anxiety, dream abnormal paresthesia, hemifacial dysesthesia. *Respiratory:* Epistaxis, pharyngeal pain. *Skin:* Rash and, very rarely, cas generalized skin reactions including toxic epidermal necrolysis (TEN, some fatal), Stevens-Johnson syn erythema multiforme (some severe); skin inflammation, urticaria, angioedema, pruritus, alopecia, dry skin, h *Special Senses:* Tinnitus, taste perversion. *Urogenital:* Interstitial nephritis (some with positive rechallenge), infection, microscopic pyuria, urinary frequency, elevated serum creatinine, proteinuria, hematuria, glycosur pain, gynecomastia. *Hematologic.* Rare instances of pancytopenia, agranulocytosis (some fatal), thromb neutropenia, anemia, leucocytosis, and hemolytic anemia have been reported. ***Combination Th Clarithromycin:*** In clinical trials using combination therapy with PRILOSEC and clarithromycin, no adverse peculiar to this drug combination have been observed. Adverse experiences that have occurred have be those that have been previously reported with omeprazole or clarithromycin. Adverse experiences observed clinical trials using combination therapy with PRILOSEC and clarithromycin (n=346) which differed from tho described for omeprazole alone were: Taste perversion (15%), tongue discoloration (2%), rhinitis (2%), pha and flu syndrome (1%). For more information on clarithromycin, refer to the clarithromycin package inser REACTIONS section.

OVERDOSAGE: Rare reports have been received of overdosage with omeprazole. Doses ranged from 32 mg (16-45 times the usual recommended clinical dose). Manifestations were variable, but include drowsiness, blurred vision, tachycardia, nausea, diaphoresis, flushing, headache, and dry mouth. Sym transient, and no serious clinical outcome has been reported. No specific antidote for omeprazole overdosa Omeprazole is extensively protein bound and is, therefore, not readily dialyzable. In the event of overdosa should be symptomatic and supportive.

DOSAGE AND ADMINISTRATION ***Duodenal Ulcer:*** Short-Term Treatment of Active Duodenal Ulcer mended adult oral dose of PRILOSEC is 20 mg once daily. Most patients heal within 4 weeks. Some patient an additional 4 weeks of therapy. (See INDICATIONS AND USAGE.)

Reduction of the Risk of Duodenal Ulcer Recurrence: Combination Therapy with Clarithromycin

Days 1-14	Days 15-28
PRILOSEC 40 mg q.d. (in the morning) plus clarithromycin 500 mg t.i.d.	PRILOSEC 20

Please refer to clarithromycin full prescribing information for CONTRAINDICATIONS and WARNING, and fo regarding dosing in elderly and renally impaired patients (PRECAUTIONS, *General*; PRECAUTIONS, Gen PRECAUTIONS, *Drug Interactions*). ***Gastric Ulcer:*** The recommended adult oral dose is 40 mg once a weeks (See INDICATIONS AND USAGE, *Gastric Ulcer*.) ***Gastroesophageal Reflux Disease (GERD):*** mended adult oral dose for the treatment of patients with symptomatic GERD and no esophageal lesions for up to 4 weeks. The recommended adult oral dose for the treatment of patients with erosive esophagiti panying symptoms due to GERD is 20 mg daily for 4 to 8 weeks. (See INDICATIONS AND USAGE.) ***Mai Healing of Erosive Esophagitis:*** The recommended adult oral dose is 20 mg daily. ***Pathological Hyp Conditions:*** The dosage of PRILOSEC in patients with pathological hypersecretory conditions varies with patient. The recommended adult oral starting dose is 60 mg once a day. Doses should be adjusted to ind needs and should continue for as long as clinically indicated. Doses up to 120 mg t.i.d. have been adm dosages of greater than 80 mg should be administered in divided doses. No dosage adjustment is necessa with renal impairment, hepatic dysfunction or for the elderly.

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February 1997 PRC-40/3/97

NOTE: This summary provides important information about PRILOSEC. If you more information, ask your doctor or pharmacist to let you read the professional la then discuss it with them.

*Registered trademark of Astra AB



In my party? Just me, myself and I

'OWN-UP
ntinued

in An Argument Grace-lly. According to Gerry Spence, well-known defense attorney l author of the best-seller *How to ue and Win Every Time* (St. rtin's Press, 1995), true adults disputes without histrionics. ere's no need to be loud, wordy flamboyant," says Spence, who never lost a criminal case. "Ex-ence brings wisdom—and wis-, ultimate arguing power." The st savvy debaters know these lities count: **Credibility.** Sure, important to believe t you're saying, but also need to *act* you do. "People up on uncer-ty easily—they read it in your language, in the nce of your voice in untold other ces," says ice. **Fair-dedness.** e's always truth to side of an issue, your opponent's. nowledging that the other guy has a point," says Spence, "will win you points in the end." **A winning attitude.** Can't believe you'll prevail? Then you won't. "When you go into an argument, the truth for you must be, 'My opponent doesn't have permission to beat me.'"

Tell A Joke. There's life beyond "knock-knock," believes Elayne Boosler, who has made a twenty-four-year career of being funny. Her secret? "Bright red lipstick—it gets their attention." More words to the would-be witty: **Don't get too excited about your own jokes.** "Laughing too much before you finish the joke is almost like bragging," Boosler reminds. **Don't rush the punch line.** "People tend to make a beeline straight to the kicker," she explains. "Don't think of a punch line as dessert." Remember, getting there is the best part of the joke.


Do you follow fashion or start it?

Know What Looks Sexy On You. Sorry, Demi! A rock-hard body isn't the only definition of sex appeal, says Phillip Bloch, a Los Angeles–based stylist who has dressed celebrities from Sandra Bullock to Meg Ryan to Faye Dunaway. Women tend to be myopic about their looks, he explains. When you try on a provocative outfit—just before you start kicking yourself for not working out more faithfully—remember that sensuality, like beauty, is in the eye of the beholder. Confidence and good taste are the only imperatives. "Sexy is an attitude, not a garment," Bloch elaborates. "No matter how high the hem, low the neckline or wide the slit, you've got to feel comfortable to feel sexy."


If you've got it, flaunt it

Give Someone Your Honest Opinion. A man is "forthright" when he calls it like he sees it. A woman is a you-know-what. Says who? "Tiptoeing to protect other people's feelings is very condescending," says Brad Blanton, Ph.D., author of *Radical Honesty* (Dell, 1994). "There's no better way to show respect—for the other person or for yourself—than by saying what you really feel or think." Blanton's "Radical Honesty" seminars use yoga and other meditation exercises to "teach participants to trust their own opinions enough to share them." He notes that women are among his best instructors because they "intuit that being direct and being compassionate are mutually inclusive." ●

Aimee Kendall is an editorial assistant at Ladies' Home Journal.

You Know You've Made It When...

- **You show up at an affair inappropriately attired—and carry it off.**
- **More often than not, people take your advice.**
- **You know where you like to be touched by a man . . . and how to ask him to do it.**
- **Your kids have been known to say, "Mom, you're right."**
- **You can eyeball a teaspoon of sugar or salt, rather than measure it out.**
- **Not one of your questions goes unanswered during a doctor's appointment.**
- **The last time someone called you a "girl," you were one.**



He's So Vain

They play it tough and make us think they don't care how they look. But the truth is, a man's ego is a very delicate thing.

By Judith Newman

My husband is devouring a book, and from the mesmerized look on his face it's either about Pamela Lee or the cheerleaders for the Dallas Cowboys. As it happens, I'm wrong. John is reading *Everyman's Guide To Hair Replacement*, a frighteningly comprehensive volume published by two plastic surgeons. Hair transplants, scalp reductions, flap surgery: What I see are countless pictures of pretty good-looking bald guys who are transformed into pretty good-looking guys with what seem to be Chia Pets on their heads. What John sees are men whose virility and youth have been miraculously restored. Pointing at one photo, John bestows the highest accolade he ever gives another man. "Good hair," he murmurs.

Like most comb-carrying members of the male species, John is deeply embarrassed to be discovered in the act of worrying about his appearance. Ask any man about his looks and he'll tell you, quite earnestly, that it's not the kind of thing he spends much time thinking about. That's the official male party platform. But as we all know too well, party platforms can be pretty flimsy constructions.

"When it comes to vanity, what women are culturally encouraged to embrace, men are encouraged to suppress," explains Bernie Zilbergeld, Ph.D., a marital and sex therapist and author of *The New Male Sexuality* (Bantam, 1993). "So if a stereotypical womanly attribute is pride in appearance, men will deny caring at all. But really these concerns are just cloaked in secrecy. Go into any men's room in the country, and you'll see some guy fussing with the knot in his tie and puffing up his hair. Male vanity is a very well-kept secret."

In fact, men's interest in upkeep seems stronger than ever. In the last few years, a new type of men's magazine has been invented, devoted to grooming and toning. According to Clinique, which makes the country's oldest line of skin supplies for men, business has increased 20 percent per year over the past five years. The men's fragrance market is also booming: In 1994, *(continued)*

SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, And May Complicate Pregnancy.

0.7 mg. nicotine
arette by FTC method.

V T Co



sales topped $93 million. And men account for about a fifth of all cosmetic-surgery patients, according to the American Academy of Cosmetic Surgery. Hair transplants and restorations, chemical peels, liposuction, vein treatment and eye tucks to get rid of sags and bags are most common, but pec implants and penis enlargements are gaining ground. (There's a new procedure, thankfully rare, whereby the surgeon carves the stomach to create that "six-pack" muscled look.) Guys are even beginning to opt for the kind of foundation garments that women squeezed themselves into for years: Nancy Ganz, founder of the Bodyslimmer for women, has created a line of men's Lycra underwear with strategically placed panels that hold in the gut, lift the butt and contain those love handles. To un-sissify them, the garments have names like "Man Band" and "Double Agent Brief."

While no self-respecting man would ever admit to wearing a girdle by whatever name, interestingly, even the most reticent can bring himself to talk about the importance of his appearance on the job—at least a little. Apparently, "lean and mean" is as desirable a condition for the nineties exec as it is for his company. "You present a much stronger appearance if you're in shape," says Anthony Cozzolino, thirty-one, who has worked for Weight Watchers. "People assume that if you can control your personal habits, you can control your business life."

But talk about what their looks mean to them personally? An intrepid reporter must be prepared to hear "No way" and "Not me, sister" a lot before she gets a red-blooded, Victoria's Secret–lusting, remote control–wielding man to own up to the fact that he's as much of a mirror hog as his wife. (And even then, he'll usually do so only under the condition of anonymity.)

So, if you think your girlfriends spend too much time obsessing about

V.I.P. VANITIES

Zitomer pharmacy is located in a super-posh Manhattan neighborhood which is why it sees more than its sha of celeb shoppers. Here are a few of t pet beauty purchases of the stars, according to Zitomer sources:



Harrison Ford
Hair product line by J.F. Lazartigue



Mike Nichols
Vetiver fragrance



Warren Beatty
Clinique Moisture Surge (bot he and Annette use it)



Bruce Willis
Molton Brown shampoo



Woody Allen
Rogers & Gallet sandalwood soap



Mike Wallace
Eau Sauvage



Robin Williams
Clinique Post-Shave Healer



Pierce Brosnan
Soin de Levres lip balm



thighs, listen to these guys rat-
on about *their* Bodily Obsession
Parade.

ir Wars

emember reading a story about
ıy worrying that his hair was
ing gray," says Joe Queenan, a
ist and book author whose own
k locks are steely. "Forget it.
ody really worries too much
ut the color—as long as you
hair. Baldness is a sign God
n't care about you. It's like the
s of Cain: 'I shall cast thee out
take thy hair.'"

ıere is nothing in the male pan-
n of bodily worries to compare
the fear of hair loss. (Well,
ɔe *one* thing. . . .) Behind every
lowing mane is a man who be-
s that one day, maybe soon, he
resemble Elmer Fudd. "When
lose your hair, you become
aware of the fragility of looks,"
Mike W., forty-four, who has
married for nineteen years and
ever lamenting a bald spot that
resembles a "reverse yarmulke."

"I remember at college being bitten by this insect. My eye was horribly swollen, and I looked like the Elephant Man. I thought, God, how

> "I steal my wife's beauty products all the time. I happen to love Clarins"

easy it is to turn into an ugly person. So when you start losing your hair, it's sort of the same thing. You feel so vulnerable."

"Rogaine is the crack addiction of vain, balding guys," adds Roger E., thirty-five, whose hairline has just started its long, slow retreat. "You lose your hair, so you continue to need more and more of the stuff."

Many balding men try to compensate with facial hair. The message they think a beard or mustache sends is, "I have a life that's too busy and productive for anything as mundane as shaving"—when, in fact, properly maintaining a beard is even more time-consuming. "I think what's interesting is the number of men who'll devote time to looking bad in a cool way," notes Queenan. "Everybody wants to look like Ethan Hawke and Brad Pitt. But these guys get it right because they're professionals. They have help. The average guy tries to be Brad Pitt and winds up looking like someone who didn't shave for two days."

Body Beautiful

Currently training for the title Mr. U.S.A., Vincent T. (chest fifty-four inches, biceps twenty-one, waist thirty-three, calves nineteen and a half) is one of the top bodybuilders in the country. But there *(continued)*



Captured by Glade

are days, Vincent says, when "I feel small. My friends say I have a skinny complex." The truth is, Vincent, who is in his mid-thirties, is also worried about becoming fat. Although he works out in the gym three hours a day and no longer resorts to steroids to maintain his muscle, he recently had some "resistant" fat on his hips liposuctioned by New York plastic surgeon Paul Striker. "My friends think I'm insane," Vincent adds. "But I think of my appearance as a job. And I want to keep my job."

Certainly Vincent is an extreme example. But the cultural pressure on men to be buff—while nowhere near the burden placed on women—is stronger than ever. "Twenty years ago, when you saw a male model, he'd be wearing a boxy suit in a Sears catalog," says Anthony Cozzolino. "Now, everywhere you turn, there are all these ripped, almost-naked guys in underwear ads staring at you. You spend hours at the gym. And you wonder, Why can't I be like that?"

About Face

Murray Shapiro, the fiftyish vice president of Zitomer pharmacy on Manhattan's Upper East Side, looks like the kind of guy whose idea of vanity is a morning shave and a slap of Old Spice. In fact, Shapiro follows a skin-care regimen that would make Georgette Klinger proud. "I steal my wife's products. I happen to love Clarins: lip balm, masque, moisturizer, hand and body lotion. I'm into alpha-hydroxy acids." Are there any products he won't use? "I draw the line at concealer."

To Shapiro, beauty products for men are to the nineties what condoms were to the fifties: Men buy them all the time, yet they're sheepish about it. "There's no doubt in my mind that men are vainer than women. You work in a pharmacy, you know these things." Murray carries around a picture showing the trim, broad-shouldered young hunk he once was. "That was thirty pounds ago." He laughs. "In my mind, I'm still twenty-four. And maybe I'm actually *vainer* than I used to be. Why not?"

Pot Luck

The way a man feels about an expanding belly is, I've discovered, a pretty good gauge of how he feels about his looks in general. Those who feel comfortable with a bit of pot are not the guys who keep a full complement of toners and tonics in the medicine cabinet and a Corvette in the garage. "The one manifestation of aging that really bothers me is that I've gotten round through the middle," say Edwin E., forty-five, a literary agent in Chicago. To an impartial observer, Edwin is a slim, boyishly handsome man with a beautiful, resonant voice. Losing the boyishness is driving him nuts—and a wife who laughs off his concerns doesn't help.

"The worst is to have no shirt on and a fairly tight pair of jeans



slops over my belt a little. I've
ys been wiry, so the sight of
oose, sloppy flesh is . . . undig-
d, somehow. Gray hair makes
look older but dignified; rolls of
fat make you look older in a
nlike way," he says. Edwin ad-
that so far all efforts to trim
have failed. Now, he finds himself
nated by late-night infomercials
niracle diet drinks and exercise
os. This scares him.

ns

ien notice men's butts—and now,
asingly, so do men. "Basically I
ny body, but before I started this
rode my bike a lot. My bottom
to be much firmer," says Evan
health-care consultant in Prince-
New Jersey. "Now I dread the
of having a mushy butt. I always
could work out my arms and
. But when the rear starts to
. I mean, how many people do
know who actually get that
" Evan admits his concerns arise
a more general worry about
recent changes in his life. "Nine years ago I was a single actor in New York City. Now I'm a yuppie with an MBA who lives in the suburbs, supporting a wife and three kids. Sometimes I'm not sure I want to be this guy who just sits on his butt all day."

Getting Old

There's a common misconception in this society that worrying about aging is the province of women—that, in fact, since the qualities we traditionally appreciate in men are largely untouched or even improved by age (intelligence, financial success, humor and so forth), men therefore do not suffer a commensurate loss of value. But this very misconception only fuels their anxiety and sometimes throws middle-aged men into the arms of younger women, say psychologists. "A lot of my patients complain their wives never notice them anymore," says Jane Greer, Ph.D., a couples therapist in New York and author of *How Could You Do This To Me?* (Doubleday, 1997), a book on trust and betrayal. "Women expect to be noticed, and they don't think men look for that kind of feedback. But, in truth, men start to look for it *more* as they get older. They aren't so good about asking for it. Instead of asking, they brood."

Assuming you don't want your partner to be in this sort of quandary, Greer recommends giving him attention, attention and more attention. "Instead of focusing on the obvious flaws—'Hey, you're losing your hair!' 'You need to get those pants let out an inch or two'—concentrate on the things you find most attractive about him," she says. "Be spontaneous. Mention his beautiful eyes as he's going out to work. Praise his taste in ties. Comment on his clothes, cologne, personal style—or just how much you enjoy being seen with him."

Look at him, sags, bags and all—and love what's there. He wants to be as desirable to you as you hope you are to him. •




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Skip the Cookies in Bed

Always waking up with a sore throat? Don't blame it on a long-running cold—your late-night snack could be the culprit. Eating right before bed—even as much as three hours earlier—increases your risk of gastroesophageal reflux disease, or GERD. GERD, which afflicts nineteen million Americans, occurs when stomach acid backs up into the throat. "GERD can cause chronic sore throats and hoarseness and puts you at greater risk for esophageal cancer," says Stephen Sontag, M.D., professor at Loyola University Stritch School of Medicine, in Chicago. If you sit or stand after you eat, gravity keeps digestive acid in the stomach; lying down allows it to slip up into your throat. If you have this problem, eat earlier and see your doctor. —Isadora Fox



Your Best Shot

Imagine asking for a longer needle, of all things, before getting a shot in the arm. But that's exactly what women receiving vaccines should do, say researchers. Many people need longer needles to ensure that immunizations (such as for flu or tetanus) wind up in the muscle, where they are most effective, and not in the fat of the arm. After examining the amount of fat on 220 subjects' upper arms, scientists at the Mayo Clinic, in Rochester, Minnesota, discovered that the standard $^{5}/_{8}$-inch needle did not reach the muscle in 48 percent of women and 17 percent of men tested. Women, it seems, are more likely to store fat on their upper arms than men of the same height and weight. —Anna Roufos

The Irony of Iron

Feeling fatigued and thinking an iron pill could be the solution? Consider this: While iron-deficiency anemia is often to blame for tiredness, fatigue is also common symptom of *too much* iron in the diet. According to Centers for Disease Control, about 1 out of every 300 people suffer from hemochromatosis, or iron overload, which occurs when the body can't get rid of the mineral properly. Unchecked, iron can cause diseases such as diabetes and arthritis. See your doctor before taking iron. A blood test can tell if it's right for you. —I.F.



Acing Your Medical Tests

What's the best time of month to have a Pap smear? What shouldn't you eat for three days before a colon-cancer check? Unless you know the answers to these questions, you could easily skew your medical test results. Here's what you should and shouldn't do before four common exams. —A.R.

Pap Smear

Looks for precancerous cervical cells. Avoid intercourse, douching or using vaginal medications for three days before the test, and don't schedule an appointment until several days after having your period or curing a vaginal infection. All can skew the results by changing the appearance of or obscuring precancerous cells.

Fecal Occult Blood Test

A colon-cancer check that tests stool. For three days prior, avoid red meat and raw produce such as broccoli and cantaloupe (an enzyme can throw off results), as well as aspirin, other pain drugs and vitamin C pills. Don't have the test for three days before or after your period. Tell your doctor if you have hemorrhoids.

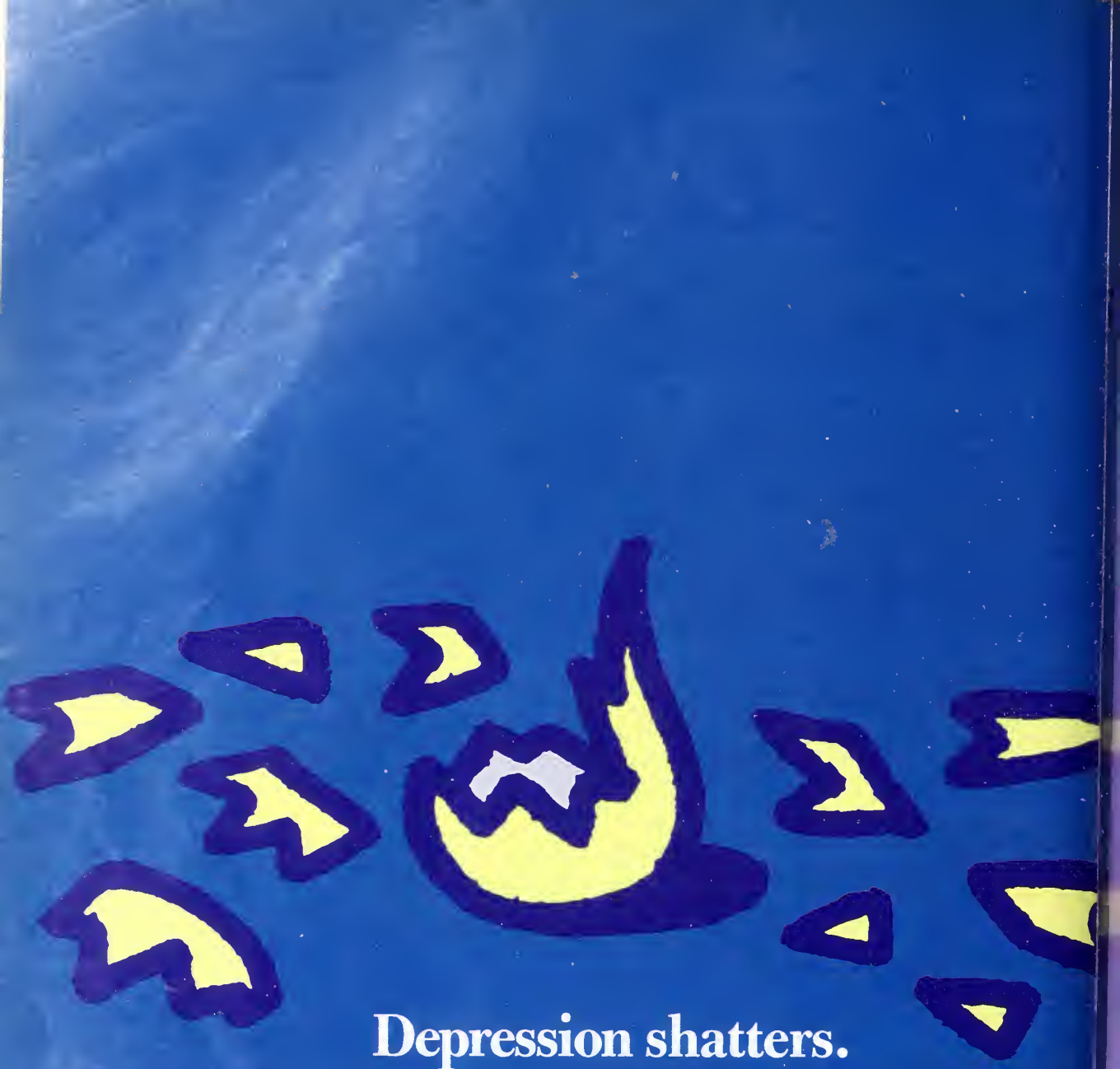
Blood Cholesterol Test

Tests for HDL, LDL and triglycerides. Schedule this test in the morning after an overnight fast, and don't change your eating or exercise habits the week before. Eating within twelve hours of the test can inflate readings for triglycerides, a type of fat in the blood; a change in habits can also skew results.

Mammogram

An X ray that finds abnormalities. You will feel less discomfort and get the most accurate results if you take this test after your period, when your breasts are least tender and lumpy. Don't wear body lotion, deodorant or talcum powder on your breasts or underarms the day of the test; they may show up as suspicious calcifications.

Sources: James Allison, M.D., a gastroenterologist at Kaiser Hospital, in Oakland, California; Robert Smith, Ph.D., director of cancer-detection science, American Cancer Society; Richard A. Stein, M.D., American Heart Association.



Depression shatters.

Depression breaks lives apart. It hurts the person who's depressed. And it's also painful for the people who love them.

You see, depression isn't "all in your head." It's a real illness with real causes. But the good news is that it can be treated.

Some people think you can just will yourself out of a depression. That's not true. When you're clinically depressed, one thing that can happen is the level of serotonin (a chemical in your body) may drop. So you may have trouble sleeping. Feel unusually sad or irritable. Find it hard to concentrate. Lose your appetite. Lack energy. Or have trouble feeling pleasure. These are some of the symptoms that can point to depression–especially if they last for more th couple of weeks and if normal, everyday life like too much to handle.

To help bring serotonin levels closer to normal, the medicine doctors now prescrib most often is Prozac.® Prozac isn't a "happy pill." It's not a tranquilizer. It won't take aw your personality. Depression can do that, b Prozac can't.

Prozac has been carefully studied for ne 10 years. Like other antidepressants, it isn't habit-forming. But some people do experie mild side effects, like upset stomach, headac



Prozac can help.

lty sleeping, drowsiness, anxiety and
sness. These tend to go away within a
eks of starting treatment, and usually
erious enough to make most people stop
it. However, if you are concerned about a
ect, or if you develop a rash, tell your
right away. And don't forget to tell your
about any other medicines you are
Some people should not take Prozac,
lly people on MAO inhibitors.
you start feeling better, your doctor can
therapy or other means to help you work
your depression. Remember, Prozac is
ription medicine, and it isn't right for

everyone. Only your doctor can decide if
Prozac is right for you–or for someone you love.
Prozac has been prescribed for more than 17
million Americans. Chances are someone you
know is getting it together again because of it.

prozac®
fluoxetine hydrochloride

Welcome back.

Please see important information on following page. Lilly

Prozac®
fluoxetine hydrochloride

Brief Summary. Consult the package insert for complete prescribing information.

Indications: For the treatment of depression, obsessive-compulsive disorder (OCD), and bulimia nervosa.

Contraindications: Known hypersensitivity to Prozac.

Monoamine Oxidase Inhibitors—There have been reports of serious, sometimes fatal, reactions in patients receiving fluoxetine in combination with an MAOI and in patients who have recently discontinued fluoxetine and are then started on an MAOI. Some cases presented with features resembling neuroleptic malignant syndrome.

Wait at least 14 days between discontinuing an MAOI and starting therapy with Prozac. Because of the long half-lives of fluoxetine and its active metabolite, wait at least 5 weeks (or longer, if fluoxetine has been prescribed chronically and/or at higher doses) between discontinuing Prozac and starting therapy with an MAOI. Prozac should not be used concomitantly with MAOIs.

Warnings: *Rash and Possibly Allergic Events*—In US fluoxetine clinical trials, 7% of 10,782 patients developed various types of rashes and/or urticaria. Among the cases reported in premarketing clinical trials, almost a third of these discontinued therapy because of rash and/or associated systemic signs or symptoms. Reported in association with rash were fever, leukocytosis, arthralgias, edema, carpal tunnel syndrome, respiratory distress, lymphadenopathy, proteinuria, and mild transaminase elevation. Most patients improved promptly upon discontinuation of fluoxetine and/or adjunctive treatment with antihistamines or steroids, and all were reported to recover completely.

Of 2 patients who developed a serious cutaneous systemic illness during premarketing clinical trials, 1 was considered to have a leukocytoclastic vasculitis, and the other, a severe desquamating syndrome considered variously to be a vasculitis or erythema multiforme. Other patients have had systemic syndromes suggestive of serum sickness.

Since the introduction of Prozac, systemic events possibly related to vasculitis have developed in patients with rash. Although these events are rare, they may be serious, involving the lung, kidney, or liver. Death has been reported to occur in association with these systemic events.

Anaphylactoid events, including bronchospasm, angioedema, and urticaria alone and in combination, have been reported.

Pulmonary events, including inflammatory processes of varying histopathology and/or fibrosis, have been reported rarely. These events have occurred with dyspnea as the only preceding symptom.

Whether these systemic events and rash have a common underlying cause or are due to different etiologies or pathogenic processes is not known. Upon the appearance of rash or of other possibly allergic phenomena for which an alternative etiology cannot be identified, Prozac should be discontinued.

Precautions:—*General*—The following events occurred in controlled clinical trials. See Tables 1 and 2 also.

- *Anxiety and Insomnia*
- *Altered Appetite and Weight*—Significant weight loss may be an undesirable result of treatment. Weight change should be monitored during treatment of bulimia.
- *Activation of Mania/Hypomania*—In all US Prozac clinical trials, reported by 0.7% of 10,782 patients.
- *Seizures*—Introduce Prozac with care in patients with a history of seizures. In all US Prozac clinical trials, 0.2% of 10,782 patients reported convulsions.
- *Suicide*—Close supervision of high-risk patients should accompany initial drug therapy.
- *Long Elimination Half-Lives of Fluoxetine and Its Metabolites*—Because of the long elimination half-lives of the parent drug (1 to 3 days after acute administration and 4 to 6 days after chronic administration) and its major active metabolite (4 to 16 days after acute and chronic administration), changes in dose will not be fully reflected in plasma for several weeks, affecting both strategies for titration to final dose and withdrawal from treatment.
- *Use in Patients With Concomitant Illness*—Caution is advisable in patients with diseases or conditions that could affect metabolism or hemodynamic responses.
- *Interference With Cognitive and Motor Performance*—Patients should be cautioned about operating hazardous machinery, including automobiles, until they are reasonably certain that the drug does not affect them adversely.
- *Information for Patients*—Physicians should advise their patients to notify them if they:

– are taking or plan to take any prescription or over-the-counter drugs or alcohol
– become pregnant or intend to become pregnant during therapy
– are breast feeding an infant
– develop a rash or hives

- *Drug Interactions*

– Drugs Metabolized by P450IID6—Therapy with medications that are predominantly metabolized by the P450IID6 system, especially those that have a relatively narrow therapeutic index (eg, tlecainide, vinblastine, and tricyclic antidepressants) should be initiated at the low end of the dosage range if a patient is receiving fluoxetine concurrently or has taken it in the previous 5 weeks. Alternately, the addition of fluoxetine to the treatment regimen of a patient already receiving a drug metabolized by P450IID6 may require a decreased dose of the original medication.
– Drugs Metabolized by Cytochrome P450fIIA4—Data indicate that fluoxetine's extent of inhibition of cytochrome P450IIIA4 activity is not likely to be of clinical significance.
– CNS Active Drugs—Caution is advised. Consideration should be given to using lower initial doses of the concomitantly administered drugs, using conservative titration schedules, and monitoring of clinical status.

Anticonvulsants—Patients on stable doses of phenytoin and carbamazepine have developed elevated plasma anticonvulsant concentrations and clinical anticonvulsant toxicity.

Antipsychotics—Some clinical data suggest a possible pharmacodynamic and/or pharmacokinetic interaction between SSRIs and antipsychotics.

Benzodiazepines—The half-life of concurrently administered diazepam may be prolonged in some patients. Coadministration of alprazolam and fluoxetine has resulted in increased alprazolam plasma concentrations and in further psychomotor performance decrement due to increased alprazolam levels.

Lithium—There have been reports of both increased and decreased lithium levels and lithium toxicity.

Tryptophan—Five patients receiving tryptophan experienced adverse reactions, including agitation, restlessness, and gastrointestinal distress.

Monoamine Oxidase Inhibitors—See Contraindications.

Other Antidepressants—Previously stable plasma levels of imipramine and desipramine have increased greater than 2- to 10-fold when concomitantly administered with fluoxetine.

– Drugs Tightly Bound to Plasma Proteins—A shift in plasma concentrations or displacement of fluoxetine may result in adverse effects.
– Warfarin—Reports of altered anti-coagulant effects, including increased bleeding. Careful coagulation monitoring is recommended when fluoxetine is initiated or stopped.
– Electroconvulsive Therapy—Rare reports of prolonged seizures in patients on fluoxetine receiving ECT.

- *Carcinogenesis, Mutagenesis, Impairment of Fertility*—There is no evidence of carcinogenicity, mutagenicity, or impairment of fertility with Prozac.
- *Pregnancy—Pregnancy Category C*—In embryo-fetal development studies in rats and rabbits, there was no evidence of teratogenicity at doses of up to 1.5 and 3.6 times, respectively, the MRHD (maximum recommended human dose) of 80 mg on a mg/m² basis throughout organogenesis. In the surviving offspring of rats treated at 1.5 times the MRHD, there was no evidence of developmental neurotoxicity. However, in rat reproduction studies, an increase in stillborn pups, a decrease in pup weight, and an increase in pup deaths during the first 7 days postpartum occurred following maternal exposure to 1.5 or 0.9 times the MRHD on a mg/m² basis during gestation or gestation and lactation, respectively. Prozac should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.
- *Labor and Delivery*—The effect of Prozac is unknown. Prozac should be used only if the potential benefit justifies the potential risk to the fetus.
- *Nursing Mothers*—Prozac is excreted in human milk. Nursing while on Prozac is not recommended.
- *Pediatric Use*—Safety and effectiveness in pediatric patients have not been established.
- *Usage in the Elderly*—Evaluation of patients over age 60 who received Prozac, 20 mg, daily revealed no unusual pattern of adverse events relative to the clinical experience in younger patients. However, these data are insufficient to rule out possible age-related differences during chronic use, particularly in elderly patients with concomitant systemic illnesses or those receiving concomitant drugs.
- *Hyponatremia*—Hyponatremia (some cases with serum Na lower than 110 mmol/L) has been reported which appeared to be reversible on drug discontinuation. Some cases were possibly due to SIAOH, and the majority have been in older patients and those taking diuretics or who were otherwise volume depleted.
- *Platelet Function*—Rare reports of altered platelet function and/or abnormal results from laboratory studies in patients taking fluoxetine. While there have been reports of abnormal bleeding in several patients taking fluoxetine, it is unclear whether fluoxetine had a causative role.

Adverse Reactions: It is important to emphasize that events reported during therapy were not necessarily caused by it.

Incidence in US Placebo-Controlled Clinical Trials (excluding data from extensions of trials)—Table 1 enumerates pooled data on treatment-emergent adverse events that occurred in 2% or more patients treated with Prozac and with incidence greater than placebo in the treatment of depression, OCD, or bulimia. See full prescribing information for table of treatment-emergent adverse events for each indication.

Table 1.

TREATMENT-EMERGENT ADVERSE EVENTS: INCIDENCE IN US DEPRESSION, OCD, AND BULIMIA PLACEBO-CONTROLLED CLINICAL TRIALS

	Percentage of Patients Reporting Event	
	Depression, OCD, and bulimia combined	
Body System/ Adverse Event*	Prozac (N=2444)	Placebo (N=1331)
Body as a Whole		
Headache	21	20
Asthenia	12	6
Flu Syndrome	5	4
Fever	2	1
Cardiovascular System		
Vasodilatation	3	1
Palpitation	2	1
Digestive System		
Nausea	23	10
Diarrhea	12	8
Anorexia	11	3
Dry mouth	10	7
Dyspepsia	8	5
Flatulence	3	2
Vomiting	3	2
Metabolic and Nutritional disorders		
Weight loss	2	1
Nervous System		
Insomnia	20	11
Anxiety	13	8
Nervousness	13	9
Somnolence	13	6
Dizziness	10	7
Tremor	10	3
Libido decreased	4	—
Respiratory System		
Pharyngitis	5	4
Yawn	3	—
Skin and Appendages		
Sweating	8	3
Rash	4	3
Pruritus	3	2
Special Senses		
Abnormal vision	3	1

*Included are events reported by at least 2% of patients taking Prozac, except the following events, which had an incidence on placebo ≥ Prozac (depression, OCD, and bulimia combined): abdominal pain, abnormal dreams, accidental injury, back pain, chest pain, constipation, cough increased, depression (includes suicidal thoughts), dysmenorrhea, gastrointestinal disorder, infection, myalgia, pain, paresthesia, rhinitis, sinusitis, thinking abnormal.
—Incidence less than 1%.



Associated With Discontinuation in US Placebo-Controlled Clinical Trials (excluding data from extensions of trials)—Table 2 lists the adverse events associated with discontinuation of Prozac treatment (incidence at least twice that for placebo and at least 1% for Prozac in clinical trials) in depression, OCD, and bulimia.

Other Events Observed In All US Clinical Trials—Frequent adverse events are defined as those occurring on 1 or more occasions in at least 1/100 patients; infrequent adverse events are those occurring in 1/100 to 1/1,000 patients; rare events are those occurring in less than 1/1,000 patients.

Table 2.

MOST COMMON ADVERSE EVENTS ASSOCIATED WITH DISCONTINUATION IN US DEPRESSION, OCD, AND BULIMIA PLACEBO-CONTROLLED CLINICAL TRIALS

Depression, OCD, and bulimia combined	Depression	OCD	Bu
—	—	Anxiety (2%)	
Insomnia (1%)	Insomnia (1%)	—	Insom
—	Nausea (1%)	—	
Nervousness (1%)	Nervousness (1%)	—	
—	—	Rash (3%)	

Body as a Whole—*Frequent:* chills; *Infrequent:* chills and fever, fa… intentional overdose, malaise, pelvic pain, suicide attempt; *Rare:* … syndrome acute, hypothermia, intentional injury, neuroleptic malignant … photosensitivity reaction.

Cardiovascular System—*Frequent:* hemorrhage, hypertension; … angina pectoris, arrhythmia, congestive heart failure, hypotension, … myocardial infarct, postural hypotension, syncope, tachycardia, vascular… *Rare:* atrial fibrillation, bradycardia, cerebral embolism, cerebral… cerebrovascular accident, extrasystoles, heart arrest, heart block, pallor, … vascular disorder, phlebitis, shock, thrombophlebitis, thrombosis, … ventricular arrhythmia, ventricular extrasystoles, ventricular fibrillation.

Digestive System—*Frequent:* increased appetite, nausea and … *Infrequent:* aphthous stomatitis, cholelithiasis, colitis, dysphagia, … esophagitis, gastritis, gastroenteritis, glossitis, gum hemorrhage, hyper… increased salivation, liver function tests abnormal, melena, mouth … nausea/vomiting/diarrhea, stomach ulcer, stomatitis, thirst; *Rare:* b… bloody diarrhea, cholecystitis, duodenal ulcer, enteritis, esophageal … incontinence, gastrointestinal hemorrhage, hematemesis, hemorrhag… hepatitis, intestinal obstruction, liver fatty deposit, pancreatitis, peptic … hemorrhage, salivary gland enlargement, stomach ulcer hemorrha… edema.

Endocrine System—*Infrequent:* hypothyroidism; *Rare:* diabeti… diabetes mellitus.

Hemic and Lymphatic System—*Infrequent:* anemia and ecchym… blood dyscrasia, hypochromic anemia, leukopenia, lymphedema, lymph… petechia, purpura, thrombocythemia, thrombocytopenia.

Metabolic and Nutritional—*Frequent:* weight gain; *Infrequent:* d… generalized edema, gout, hypercholesteremia, hyperlipemia, hy… peripheral edema; *Rare:* alcohol intolerance, alkaline phosphatase incr… increased, creatine phosphokinase increased, hyperkalemia, hyp… hypocalcemia, iron deficiency anemia, SGPT increased.

Musculoskeletal System—*Infrequent:* arthritis, bone pain, bursitis, … tenosynovitis; *Rare:* arthrosis, chondrodystrophy, myasthenia, myopath… osteomyelitis, osteoporosis, rheumatoid arthritis.

Nervous System—*Frequent:* agitation, amnesia, confusion, emoti… sleep disorder; *Infrequent:* abnormal gait, acute brain syndrome, akath… ataxia, buccoglossal syndrome, CNS depression, CNS s… depersonalization, euphoria, hallucinations, hostility, hyperkinesia, … hypesthesia, incoordination, libido increased, myoclonus, neuralgia, … neurosis, paranoid reaction, personality disorder,* psychosis, ver… abnormal electroencephalogram, antisocial reaction, circumoral paresth… delusions, dysarthria, dystonia, extrapyramidal syndrome, … hyperesthesia, neuritis, paralysis, reflexes decreased, reflexes increase…

Respiratory System—*Infrequent:* asthma, epistaxis, hiccup, hyp… *Rare:* apnea, atelectasis, cough decreased, emphysema, hy… hypoventilation, hypoxia, larynx edema, lung edema, pneumothorax, s…

Skin and Appendages—*Infrequent:* acne, alopecia, contact dermat… maculopapular rash, skin discoloration, skin ulcer, vesiculobullous … furunculosis, herpes zoster, hirsutism, pelechial rash, psoriasis, pu… pustular rash, seborrhea.

Special Senses—*Frequent:* ear pain, taste perversion, tinnitus; … conjunctivitis, dry eyes, mydriasis, photophobia; *Rare:* blepharit… diplopia, exophthalmos, eye hemorrhage, glaucoma, hyperacusis, int… scleritis, strabismus, taste loss, visual field defect.

Urogenital System—*Frequency:* urinary frequency; *Infrequen… albuminuria, amenorrhea,† anorgasmia, breast enlargement, breast … dysuria, female lactation,† fibrocystic breast,† hematuria, … menorrhagia,† metrorrhagia,† nocturia, polyuria, urinary incontin… retention, urinary urgency, vaginal hemorrhage†; *Rare:* breast … glycosuria, hypomenorrhea,† kidney pain, oliguria, priapis… hemorrhage,† uterine fibroids enlarged.†

*Personality disorder is the COSTART term for designating no… objectionable behavior.

†Adjusted for gender.

Postintroduction Reports—Voluntary reports of adverse event… associated with Prozac that have been received since market introdu… may have no causal relationship with the drug include the follo… anemia, atrial fibrillation, cerebral vascular accident, cholesta… confusion, dyskinesia (including, for example, a case of buccal-lingu… syndrome with involuntary tongue protrusion reported to develop in… female after 5 weeks of fluoxetine therapy and which completely res… next few months following drug discontinuation), eosinophilic … epidermal necrolysis, exfoliative dermatitis, gynecomastia, heart a… failure/necrosis, hyperprolactinemia, immune-related hemolytic an… failure, misuse/abuse, movement disorders developing in patients wi… including drugs associated with such events and worsening o… movement disorders, neuroleptic malignant syndrome-like events … pancytopenia, priapism, pulmonary embolism, QT prolongation, Ste… syndrome, sudden unexpected death, suicidal ideation, throm… thrombocytopenic purpura, vaginal bleeding after drug withdrawa… behaviors.

Overdosage: Prominent symptoms of overdose included nausea as … well as agitation, restlessness, hypomania, and other signs of CNS … In managing overdosage, consider the possibility of multiple dru… A specific caution involves patients taking or recently having taken … might have ingested excessive quantities of a TCA. Accumulation … tricyclic and an active metabolite may increase the possibility of clinic… sequelae and extend the time needed for close medical observati… Antidepressants *under* Precautions).

Reports of death attributed to overdosage of fluoxetine alo… extremely rare.

PV2471—DPP

Additional information available to the profession on request.

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the unexpected
fragrance
from !ex'cla·ma'tion



...the lightness that lingers!



Auto Migration

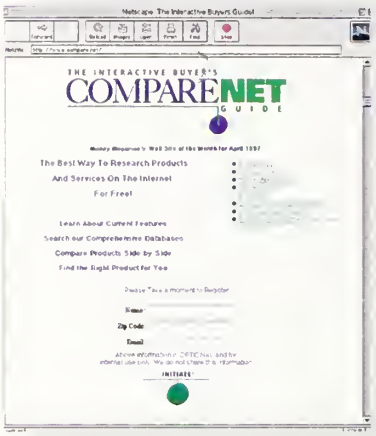
Looking for a little fun in the sun this winter, without burning a hole in your wallet? Take the scenic route to Florida by driving a rental car south. Starting in late fall, National Car Rental and Hertz Rent-A-Car offer Florida "drive in" programs that feature low weekly rates, unlimited mileage and no drop-off fee. "It benefits both parties," says Suzanne Kuntz, National's vice president of communications and travel. "We need to move our fleet of cars from the East Coast and the Midwest down to sunnier climates [to accommodate the hordes of winter tourists], and we're able to give customers attractive pricing."

National (800-227-7368) lets you pick up a car from a number of northeast cities and drive it to several Florida cities within fourteen days at a weekly rate starting as low as $89.99. Hertz (800-654-3131) also offers low daily and weekly rates. Of course, you still have to make your way back home, so check for discounted one-way flights or rail deals before you go.

—D.J.B.

shopping safety.ne

After buying a big-ticket item, which of the following best describes your thoughts: a) I think I could've paid a lot less; b) That salesperson had no idea what he was talking about; or c) I bought it, but I still haven't a clue how to use it. If you've experienced any of the



above, before you buy that next refrigerator, video camera, gas grill or CD player, check out Compare.net (*http://www.compare.net*), a free Internet site that allows you to compare and contrast the features and suggested retail prices of more than ten thousand models automobiles, electroni home appliances, hon office equipment and computer software. "I a store, people are sometimes embarrass to ask a lot of questio and take up the salesman's time," say Compare.net c founder Trevor Traina, "so we educate people explaining ever feature and the giving them tip on buying."

The site is e to navigate eve if you don't have a lot of previous Inter experience. "We're a simp to-use, super-high-t medium for informat delivery," says Train "but ironically, our most-asked-about appliances are breadmakers."

—Deborah J.

Stock Load-Up

Q: I've heard that I can avoid paying brokers' fees by using no-load stock programs to invest in companies. How do they work?

A: No-load stocks are a great option for consumers because they allow you to invest directly in over ninety major U.S. corporations—including IBM, Exxon and McDonald's—without engaging a stockbroker. They're also a smart choice for those with limited funds because many of them allow minimum purchases as low as $10, says Charles Carlson, author of *No-Load Stocks* (McGraw-Hill, 1997). To receive a free list of the companies with no-load stock programs, write to DRIP Investors, 7412 Calumet Ave., Hammond, IN 46324, or call the No-Load Stock Clearinghouse at 800-774-4117.

—Juliette Fairley

Making the grade

Now, renting a Blockbuster movie or using Sprint to call your sister on the opposite coast can provide your child's classroom with the latest software, multimedia computers and printers through A+ America, a technology-for-schools program. Over eighty corporations nationwide have agreed to contribute "technology dollars"—as much as 10 percent of your total purchases—to the school of your choice (kindergarten through twelfth grade). So far, hundreds of thousands of dollars worth of equipment has been earned by over 20,000 schools. Call A+ America at 800-256-9469.

—Heather Camlo

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allmark Licensing, Inc.

Hooked on Home Shopping



What began with one pair of earrings became an expensive obsession

By Nancy Stesin

My name is Nancy, and I am a home TV-shopping addict.

It's very difficult for me to admit this, but I know I'm not alone. My particular obsession was the QVC, Inc., network, which reaches more than sixty-one million cable subscribers across the country. At any given time, five- to six-million viewers (some 90 percent of whom are women) are watching QVC, and they buy upwards of $50,000 in merchandise every hour, sometimes as much as $1 million. For most women, home shopping is just a pleasant diversion; when they do buy, they don't go overboard. In my case, however, it was almost the kiss of debt.

Ironically, at the time, I thought my life had never been better. Recently divorced with a good financial settlement, I had moved two years earlier with my then–ten-year-old daughter, Alexandra, to a charming Minneapolis duplex. My freelance-writing career was flourishing, I was bonding with Lexi, and if anyone had told me I'd become addicted to televised shopping, I would have laughed.

I'd caught glimpses of those networks here and there but always dismissed them as ridiculous. Buy fake jewelry on TV? Tacky, tacky. Who would be dumb enough to order merchandise that they couldn't examine first? I didn't even use catalogs. Besides, if I really needed anything, I lived minutes away from the biggest mall in the United States.

Then, one afternoon last fall, I was having coffee with Suzy, my neighbor and good friend, and was shocked to notice the TV playing QVC. Surely Suzy wasn't into that, I thought. But yes, Suzy said, she watched it occasionally. "You don't really *buy* any of that stuff, do you?" I asked. I nearly spilled my coffee when she said, "Sure! It's fun, and they have great bargains."

With that, Suzy went to her bedroom and produced two diamond rings. One was an heirloom worth thousands of dollars. The other was a QVC simulated Diamonique® ring that cost her less than a hundred. "Which is which?" she challenged. Both stones looked genuine, their settings exquisite. "I can't tell the difference," I confessed.

My friend raved about the quality of QVC's merchandise and rattled off a list of celebrities who appeared or offered their own product lines: Victoria Principal, Marie Osmond, Bob Mackie and two of my favorites, Joan Rivers and Regis Philbin. "Nance, you'll love it," Suzy said. "It's entertainment!"

She had made a believer out of me. Without even finishing my coffee, I sprinted home and arranged to have cable installed at my house the next day. The technician pointed out all the great new channels I'd be getting, but only one mattered to me. He might *(continue)*

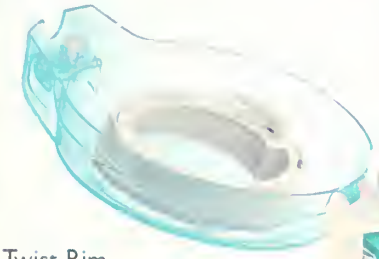


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as well have taken the remote control with him.

That night I made my first purchase: a pair of Diamonique earrings. When I eagerly said, "This is my first time," the friendly operator suggested, "Please apply for our QCard." Five days later, the studs arrived, along with a QVC guide listing all the shows for the month. I was hooked.

For the next six months, my TV was permanently tuned to QVC and my QCard was never far from the phone. With a cup of coffee in one hand and a pencil in the other to take down item numbers, I could literally sit for hours watching the merchandise on the screen: clothes, fitness equipment, cookware, porcelain dolls, electronics. This was a wonderland, and I was Alice.

As a writer, I was home alone most of the time, and when Lexi was visiting her father, I was isolated further. But QVC kept me company. I loved Joan Rivers's segments, when she and host Kathy Levine gossiped and shared details of their lives between sales pitches for Joan's accessories. I laughed, I cried—and I bought.

I found QVC's clever sales tactics highly effective. Quantities of the specially priced items are always limited, and each item is offered for only a few minutes during the segment and then again at the end, so buyers are warned to act fast. "Code Blue!" I remember one host quipping. "Only a handful of these bracelets remain in stock! Our phone lines are sizzling!" As a reminder, a little clock counts down the number of seconds left before the piece is taken off the screen. Hanging up the phone, I would feel victorious at having grabbed that watch or scarf just in the nick of time.



The bills piled up—and so did the enticements to buy

The products are shown to best advantage through camera angles and lighting, their every asset pointed out in painstaking detail. Some of the merchandise, like Nola Miller's jewelry, is designed specifically for the network, so viewers have the satisfaction of buying something they can't get anywhere else. That appealed to me.

But most of all, QVC made me feel as if I *belonged*. They call their service a "club"; its hosts, "the family." Frequent buyers ("insiders") like me receive newsletters and program guides offering a preview of upcoming sales. When the hosts encouraged us, "Treat yourself! You're worth it!" I felt special. And no matter how late it was, I always had the operators to talk to.

Compulsive spending is a lot like any other addiction. I got a genuine high out of seeing anything new on the air, and when the operator confirmed my latest purchase I felt a strange sense of fulfillment. My heart would actually race as I ripped open the packages. But soon the thrill wore off, and I would find myself sitting in front of the TV again, looking for something else to satisfy me.

When the deliveries started coming in threes and fours, the mail carrier wondered aloud, "What's going on here?" Less than a *(continued*

DON'T SHOP TILL YOU DROP

As Nancy Stesin learned, it's easy to get carried away. The National Foundation for Consumer Credit offers these tips for people who shop at home:

THINK BEFORE YOU BUY. Do you really need the item? Can you honestly afford it? And is this merchandise really an unbeatable deal, or could you find the same thing for the same price or less in a local store?

TAKE YOUR TIME. Don't feel pressured to buy just because that doll or camera is "selling out fast." If you feel rushed, chances are you can live without it.

HAVE A PAYMENT PLAN. When you pay by credit card, deduct the total from your checking account right away.

WATCH YOUR SHOPPING PATTERNS. Do you find yourself buying things you don't really need? Do you shop when you're stressed or unhappy? Are your bills adding up faster than you can pay them? You may be shopping for the wrong reasons.

To learn more about overspending and debt consolidation, contact the National Foundation for Consumer Credit at 800-388-2227. And if you think you have a problem with compulsive spending, Debtors Anonymous is a twelve-step recovery program for people with debt problems. For information, send a self-addressed, stamped envelope to Debtors Anonymous, P.O. Box 400, Grand Central Station, New York, NY 10163-0400.



treating bed-wetting *can* make a difference in your child."

Bed-wetting is more common than many parents think. The fact is, 5 to 7 million children have the condition and many are being treated today.

If you're concerned about your child's bed-wetting, talk to your doctor or healthcare provider. Discuss whatever questions you may have.

And ask your doctor about DDAVP Nasal Spray, because the simple fact is, bed-wetting may be improved or controlled in children 6 years of age and older. Together, you and your doctor or healthcare provider can discuss DDAVP Nasal Spray.

Some side effects reported in patients using DDAVP include nasal stuffiness, runny nose, pain in the nostrils, and headaches. These side effects were reported by fewer than 9% of the patients. If your child experiences any side effects, be sure to call your doctor or healthcare provider. If there is nasal congestion, your child may not absorb the medication. To make sure that blood electrolyte levels remain normal, your doctor may want to check your child periodically.

DDAVP Nasal Spray is available by prescription only. Please see the following page for additional important information about DDAVP Nasal Spray.

Today you don't have to wait for your child to outgrow bed-wetting.

UR DOCTOR OR HEALTHCARE PROVIDER ABOUT

DDAVP® Nasal Spray
(desmopressin acetate) 5mL
DRY NIGHTS FOR GOOD MORNINGS

DDAVP® Nasal Spray
(desmopressin acetate) 5mL

BRIEF SUMMARY

CONTRAINDICATION: Known hypersensitivity to DDAVP Nasal Spray

WARNINGS:

1. For intranasal use only

2. In very young and elderly patients in particular, fluid intake should be adjusted downward in order to decrease the potential occurrence of water intoxication and hyponatremia. Particular attention should be paid to the possibility of the rare occurrence of an extreme decrease in plasma osmolality that may result in seizures which could lead to coma.

PRECAUTIONS:

General: DDAVP Nasal Spray at high dosage has infrequently produced a slight elevation of blood pressure, which disappeared with a reduction in dosage. The drug should be used with caution in patients with coronary artery insufficiency and/or hypertensive cardiovascular disease because of possible rise in blood pressure.

DDAVP Nasal Spray should be used with caution in patients with conditions associated with fluid and electrolyte imbalance, such as cystic fibrosis, because these patients are prone to hyponatremia.

Rare severe allergic reactions have been reported with DDAVP. Anaphylaxis has been reported with intravenous administration of DDAVP Injection, but not with DDAVP intranasal.

Central Cranial Diabetes Insipidus: Since DDAVP Nasal Spray is used intranasally, changes in the nasal mucosa such as scarring, edema, or other disease may cause erratic, unreliable absorption in which case DDAVP Nasal Spray should not be used. For such situations, DDAVP Injection should be considered.

Primary Nocturnal Enuresis: If changes in the nasal mucosa have occurred, unreliable absorption may result. DDAVP Nasal Spray should be discontinued until the nasal problems resolve.

Information for Patients: Patients should be informed that the bottle accurately delivers 50 doses of 10 mcg each. Any solution remaining after 50 doses should be discarded since the amount delivered thereafter may be substantially less than 10 mcg of drug. No attempt should be made to transfer remaining solution to another bottle. Patients should be instructed to read accompanying directions on use of the spray pump carefully before use.

Laboratory Tests: Laboratory tests for following the patient with central cranial diabetes insipidus or post-surgical or head trauma-related polyuria and polydipsia include urine volume and osmolality. In some cases plasma osmolality may be required. For the healthy patient with primary nocturnal enuresis, serum electrolytes should be checked at least once if therapy is continued beyond 7 days.

Drug Interactions: Although the pressor activity of DDAVP Nasal Spray is very low compared to the antidiuretic activity, use of large doses of DDAVP Nasal Spray with other pressor agents should only be done with careful patient monitoring.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Teratology studies in rats have shown no abnormalities. No further information is available.

Pregnancy-Category B: Reproduction studies performed in rats and rabbits with doses up to 12.5 times the human intranasal dose (i.e., about 125 times the total adult human dose given systemically) have revealed no evidence of harm to the fetus due to desmopressin acetate. There are several publications of management of diabetes insipidus in pregnant women with no harm to the fetus reported, however, no controlled studies in pregnant women have been carried out. Published reports stress that, as opposed to preparations containing the natural hormones, DDAVP Nasal Spray (desmopressin acetate) in antidiuretic doses has no uterotonic action, but the physician will have to weigh possible therapeutic advantages against possible dangers in each individual case.

Nursing Mothers: There have been no controlled studies in nursing mothers. A single study in a post-partum woman demonstrated a marked change in plasma, but little if any change in assayable DDAVP Nasal Spray in breast milk following an intranasal dose of 10 mcg.

Pediatric Use. Primary Nocturnal Enuresis: DDAVP Nasal Spray has been used in childhood nocturnal enuresis. Short-term (4-8 weeks) DDAVP Nasal Spray administration has been shown to be safe and modestly effective in children aged 6 years or older with severe childhood nocturnal enuresis. Adequately controlled studies with DDAVP Nasal Spray in primary nocturnal enuresis have not been conducted beyond 4-8 weeks. The dose should be individually adjusted to achieve the best results.

Central Cranial Diabetes Insipidus: DDAVP Nasal Spray has been used in children with diabetes insipidus. Use in infants and children will require careful fluid intake restriction to prevent possible hyponatremia and water intoxication. The dose must be individually adjusted to the patient with attention in the very young to the danger of an extreme decrease in plasma osmolality with resulting convulsions. Dose should start at 0.05 mL or less.

Since the spray cannot deliver less than 0.1 mL (10 mcg), smaller doses should be administered using the rhinal tube delivery system. Do not use the nasal spray in pediatric patients requiring less than 0.1 mL (10 mcg) per dose.

There are reports of an occasional change in response with time, usually greater than 6 months. Some patients may show a decreased responsiveness, others a shortened duration of effect. There is no evidence this effect is due to the development of binding antibodies but may be due to a local inactivation of the peptide.

ADVERSE REACTIONS: Infrequently, high dosages have produced transient headache and nausea. Nasal congestion, rhinitis and flushing have also been reported occasionally along with mild abdominal cramps. These symptoms disappeared with reduction in dosage. Nosebleed, sore throat, cough and upper respiratory infections have also been reported.

The following table lists the percent of patients having adverse experiences without regard to relationship to study drug from the pooled pivotal study data for nocturnal enuresis.

ADVERSE REACTION	PLACEBO (N=59) %	DDAVP 20 mcg (N=60) %	DDAVP 40 mcg (N=61) %
BODY AS A WHOLE			
Abdominal Pain	0	2	2
Asthenia	0	0	2
Chills	0	0	2
Headache	0	2	5
Throat Pain	2	0	0
NERVOUS SYSTEM			
Depression	2	0	0
Dizziness	0	0	3
RESPIRATORY SYSTEM			
Epistaxis	2	3	0
Nostril Pain	0	2	0
Respiratory Infection	2	0	0
Rhinitis	2	8	3
CARDIOVASCULAR SYSTEM			
Vasodilation	2	0	0
DIGESTIVE SYSTEM			
Gastrointestinal Disorder	0	2	0
Nausea	0	0	2
SKIN & APPENDAGES			
Leg Rash	2	0	0
Rash	2	0	0
SPECIAL SENSES			
Conjunctivitis	0	2	0
Edema Eyes	0	2	0
Lachrymation Disorder	0	0	2

OVERDOSAGE: See adverse reactions above. In case of overdosage, the dose should be reduced, frequency of administration decreased, or the drug withdrawn according to the severity of the condition. There is no known specific antidote for DDAVP Nasal Spray.

An oral LD_{50} has not been established. An intravenous dose of 2 mg/kg in mice demonstrated no effect.

CAUTION: Federal (U.S.A.) law prohibits dispensing without prescription.

Please see product circular for full prescribing information.

Manufactured for

RHÔNE-POULENC RORER

RHÔNE-POULENC RORER PHARMACEUTICALS INC.
500 ARCOLA ROAD
COLLEGEVILLE, PA 19426
By Fernng Pharmaceuticals, Malmo, Sweden

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HOOKED ON HOME SHOPPING

Continued

week later, the UPS man, delivering a heavier box, asked me seriously, "Do you own stock in this company?"

The holiday season gave me the perfect excuse to splurge on presents for friends, family, Lexi, her teachers. When New Year's Eve rolled around, I turned down party invitations because I didn't want to be the only single person there. Instead, I rang in 1997 with Richard Simmons's celebration on QVC. I was shutting myself out of life, but I couldn't see how sad it was. By January, I had started hiding the boxes and bills from my daughter so she wouldn't know how much I was buying. But you can't fool kids. One day Lexi asked suspiciously, "Mom, that's a new coat. Did you get it through TV shopping?" I lied and said it was a special-value buy.

February doldrums set in as Minnesota was pummeled with wicked ice and snowstorms. Except for trips to the grocery and the drugstore, I was housebound for most of the month. I lit my QVC candles every night, curled up in one of my many QVC bathrobes and slid under my QVC down comforter with matching pillows . . . to watch QVC.

As my compulsion overcame me, I became less discriminating. One night I watched a promotion for Victoria Principal's line of body and face creams. She looked great and the potions looked promising, so I got a set. Two days later, QVC presented another skin-care system, and I picked up a travel-size kit just for comparison. The next week, another line "from a European health spa" was all the rage, and I had to have that, too.

Between the QCard (which I quickly maxed out to its $800 limit) and my other credit cards, I blew close to $3,000 on mostly small-ticket items that all added up. Remorse set in, and I spent $300 in shipping fees just to return items I didn't want, only to replace them with new things. I knew it was bizarre to keep buying and returning, but I couldn't stop.

Then, one morning in late spring, I woke up thinking about a $50 jewelry box I had seen on the air the night

OVERCOMING OVERSPENDING



FOR MORE INFORMATION

If you or someone you know has a overspending problem, Overcoming Overspending by Olivia Mellan (201 pp.; hardcover) can help—and provide the support someone coping with this harmful addiction needs. Mellan, a psychotherapist and business consultant, has compiled a self-assessment quiz, exercises to help control the spending impulse and real-life stories of individuals who have conquered the habit. Available by arrangement with Walker and Company for $23.95, which includes shipping, handling and applicable sales tax.

TO ORDER: Send your name and street address along with a check or money order to: *Ladies' Home Journal*® Resources, Dept. L10, P.O. Box 9381, Des Moines, IA 50306-9381. MasterCard and Visa users may call toll-free 800-763-6393. Please specify book title.

I must have dreamed about it, I decided. But five days lat- box arrived in the mail. I was g things *while half asleep*! That ite literally, my wake-up call. ndering, I sought help from lerful therapist who helped lize that my spending was ymptom of a larger problem. n being stable and happy, I ll grieving over my failed e, shut off from the world ıppling with depression and elf-confidence; in other I was a perfect candidate for g addiction.

onsciously, I was hoping that ırchase would make me feel ew Nancy. Naturally, disap- nt would follow, and I would the next new bauble to ne and make me feel better.

consulted Ronald J. Faber, a professor at the University ıesota with a special interest mer behavior. He has written ıpulsive buying "initially pro- ort-term gratification, but ul- leads to severe economic, ogical and social conse- " Only when the underlying s are addressed can the shop- ge her ways.

ıerapist worked with me on onal issues and put me on an essant, but that was only the g. First, I had to admit to nd others that I had a prob- ny friends urged me to quit key, but instead, I chose a plan—I would allow myself ne item a week, as long as it er $25. I soon learned that QVC items are that cheap.

hat I understood the reasons ıy compulsion, I realized for time how frivolous I'd been. ny handbags, necklaces and can a woman use in one Did I really need three skin- s and *five* bathrobes? I sud- ound myself much less to buy on impulse.

ly June, I felt in control of tion and truly at peace with ortunately, I had enough in o pay off my debt, and I cut up two of my credit cards. Not the QCard—I'm having that framed as a reminder of my folly. I started socializing and going out again: walking around the lake, meeting a friend for dinner twice a week, taking Lexi swimming. Yet I was still tempted to tune in whenever I had a free moment, and that was too risky. In July, I had my cable company block the channel.

I don't blame QVC for my problem; no one there forced me to buy anything. And my experience wasn't all bad. As my friend Suzy says, the shows are entertaining, and I really did get some good buys. Lexi and I use my large portable tray table for everything from sorting mail to sketching, and I really like my set of $99 aluminum nonstick cookware.

But the most-loved souvenir of my buying binge is the cardboard box that my QVC vacuum arrived in. Our cat, Tabitha, sleeps in it and purrs with pleasure as she uses the side flaps to scratch her ears. Maybe I should develop a line of boxes and become a home-shopping host myself! •

Nancy Stesin is a correspondent for Money magazine and a contributor to Twin Cities Business Monthly.

Ask your pharmacist what's the #1 recommendation for painful mouth sores.



Tanac Liquid quickly relieves painful mouth sores while they're disappearing with a highly effective, no-sting formula. In fact, when it comes to killing germs and stopping pain, there's nothing quite like Tanac Liquid. No wonder it's the medicated liquid pharmacists prefer. And for cold sores and fever blisters, try long-lasting Tanac Medicated Gel.

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YES, please enter my reservation for the *HollyDay Angels*™ ornament collection by G.G. Santiago. Reservation subject to acceptance.

I understand that I NEED SEND NO MONEY NOW. I will be billed in advance for the first installment of $14.98* for the first 3-ornament set, and the balance in one monthly installment of $14.98.* The following sets will be shipped one every two months, each payable in two installments. *Each purchase is covered by our 365-day, money back guarantee!*

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Signature Date

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_____
Address Apt. No.

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City State Zip

*Total price of $33.89 for each three-ornament set includes $3.94 shipping and handling. Sales tax additional on shipments to Illinois. Please allow 6 to 8 weeks delivery. Canadian price: $39.95 plus shipping, handling, and applicable taxes.

HEIRLOOM ORNAMENTS from Ashton-Drake
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Each three-ornament set is $29.95 plus shipping. Each ornament comes with its own storage pouch, plus a numbered Certificate of Authenticity. And you'll automatically receive each new set of three ornaments when you've paid for the previous set. Order today...and enjoy your collection this Christmas!

They're wishing you happiest of holidays every yea

Incredible sculpted details i hand-painted ornamer

Just $9.98* each
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Satisfaction guarantee or your money back

Heirloom Ornaments from Ashton-Drake
Keep the Holidays in Your Heart Forever

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A baby boy so lifelike, you won't believe that he's really a hand-crafted porcelain doll!



"Nicholas" is approximately 18" long. Blanket and plush snowman are included at no additional cost. Complete with hand-numbered Certificate of Authenticity.

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…nazingly true-to-life
…nt dressed in an
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…ments of $19.99
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Premiere Quality

Little "Nicholas" is all set for whatever Mother Nature delivers on this crisp winter evening. Dressed in cozy seasonal finery for a trip to Grandma's, he won't feel the cold at all. And his outfit is so cheerful that everyone who sees him will feel warm as toast all over.

"Nicholas the Winter Baby" by Joan Ibarolle is the first in the *Seasons of Joy* collection of hand-crafted porcelain baby dolls. "Nicholas" wears a snow-white sleeper with matching hat that contrasts perfectly with his red tartan plaid blanket.

Issued in an exclusive edition, "Nicholas the Winter Baby" is hand-numbered and comes with our 365-day money-back guarantee. Only $74.99. Order today.

"Nicholas the Winter Baby"

PLEASE RESPOND BY: November 15, 1997

YES, please reserve "Nicholas." Limit one. I understand the first installment will be billed before shipment.

- SEND NO MONEY NOW
- 365-DAY, MONEY-BACK GUARANTEE
- 4 EASY PAYMENTS OF $19.99* (*shipping included*)

X _____
Signature _____ Date _____

Name (please print clearly) _____ Telephone ( )

Address _____

City _____ State _____ Zip _____

Is "Nicholas" a gift? ☐ Yes 93431-D88001 ☐ No 93431-D88002

*Total price of $79.97 includes $4.98 shipping and handling. Sales tax additional on shipments to Illinois. Please allow 6 to 8 weeks for delivery. Canadian price: $112.99 plus shipping, handling, and applicable taxes.

THE ASHTON-DRAKE GALLERIES
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…97 …on-Drake Galleries, 9200 N. Maryland Ave., Niles, IL 60714-9853 93431-CR3AD

Price Patrol



Your child's baby tooth has just wriggled free, and now it's snug under her pillow, waiting to be magically replaced with something shiny and silver. What's the tooth fairy paying out these days? LHJ asked Neale S. Godfrey, mother of two and author of *Money Doesn't Grow on Trees* (Fireside, 1994), for the going rate for this and other similar kinds of expenses.

Lost tooth One dollar per. But you might want to up the award a little for the last one to go.

Friends' birthday-party gifts A ten-dollar limit. If your child wants to spend more on certain friends, she should chip in.

Weekly allowance One dollar for each year of the child's age, provided she does chores above and beyond her normal responsibilities—say, cleaning her room *and* walking the dog.

Teachers' gifts Ten dollars tops, whether you chip in on a class gift or buy one of your own.

—Courtney S. Zoffness

Diminishing Returns

Every family has one: a grumpy old uncle (or backbiting aunt) who, at family gatherings, disparages your or your children's success. When your son gets accepted to a good college, he downplays it by saying, "It's been an easy year for getting into schools." When you land a new and better job, he snipes that a hiring craze is sweeping the country. While his comments may drive you nuts, refrain from hurling the fruitcake in his direction, says George Nixon, Ph.D., a family psychologist in Waco, Texas. Instead, he suggests deflating a "diminisher" with what he calls paradoxical intervention—in other words, exaggerating his negativity so he sees the error of his ways. Answer the college remark with something like, "You're right, my child is the real dummy of the family." Most likely, the diminisher will respond with a pleading, "Wait! I didn't say he's a dummy!" But if this technique doesn't daunt the diminisher, says Nixon, "sit back, smile, and say to yourself, 'Okay, now I *know* you're just being a jerk.'"

—Deborah J. Baer

Long-Distance GRANDPARENTING

Grandparents may spoil kids rotten, but they also love them to death and play a big hand in helping them grow up happy and confident. But what if your parent and in-laws don't live nearby? Here's how to nurture a long-distance bond between the two generations, using ideas from Loma G. Davies Silcott, a columni for the *Kansas Senior Press*:

Try technology. Make an audiota message from your kids, or videota them playing, reading a book report they wrote or participating in school events. Fax or E-mail letters, schoolwork and drawings Ask grandparents to reciprocate with faxes and E-mail, too, and videos of their trips and activitie

Be creative. Start a family story draw a cartoon for your children and parents to continue. Send it back and forth until completed. Or, design a family newsletter an have your kids interview their grandparents by phone.

Spread the enthusiasm. Encoura your children to share the thrill scoring the winning run or receiving a standing ovation by calling their grandparents direct before or after special events su as baseball games or school pla

—Arricca Elin SanSc

TEE TIME vs. FAMILY TIME



Being married to a devoted duffer usually means that solo Saturdays are par for the course. And while a golf widow's life can be frustrating—especially when it means taking care of the kids single-handedly—it can be equally tough to argue for family time against your spouse's need to putter away a week's worth of office stress. "He has the right to unwind on weekends, but so do you," says Sandra Foster, Ph.D., a San Francisco sports psychologist. B how do you tell *him* that? Don't was time making him feel guilty, she su gests. Instead, present a firm, but fa plan that balances his game with equ time for you and the kids. "Acknow edge that while it's okay to have d ferent interests, golf is a ve time-consuming game, and there h to be some give-and-take," says Fo ter. It's not about keeping score; i about negotiating as equals—whe your four to six hours count just much as his.

—Tara Arons

Preferred by witches, ghosts, superheroes and ballerinas.

snacks are getting dressed up in cool Berry Black gelatin, and Chocolate Marshmallow pudding with a creamy orange-colored But they disappear after Halloween. A scary thought, isn't it?



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funny girl

Julia Louis-Dreyfus talks about *Seinfeld*, her brand-new baby boy and her surprising next career move

By Melina Gerosa

"SORREEE I'M LATE," says Julia Louis-Dreyfus, whirling through the front door of her publicist's Santa Monica office. "Getting out of the house now is harder than landing the Pathfinder on Mars!"

She delivers the line with the same precise comedic gestures—head tilted, chin jutting forward—as her *Seinfeld* character, Elaine. But while she may be the highest-paid actress on prime time, this morning Louis-Dreyfus is the epitome of the frazzled mom. She is dressed carelessly in baggy blue pants and a crumpled, kiwi linen blouse. Her Clairol Nice 'n Easy curls are mashed back behind a gingham headband. Only the fat diamond studs and Hermès handbag hint at her day job.

Clearly, Louis-Dreyfus is having a bad day. Her five-year-old son, Henry, is in the midst of a summer-camp temper tantrum, her parents are about to touch down from New York for a family vacation and the actress must be home in less than an hour to breast-feed her infant son, Charlie. All this and she can't get hold of her husband.

Distracted, she plops down in a chair for the interview, keeping a wary eye on the phone. When a technical difficulty necessitates a twenty-minute break, Louis-Dreyfus jumps up, thrilled. "Great, you fix that tape recorder and I'll go find my husband," she says, scooting out the door and waving as she zooms away in her silver Mercedes.

Twenty minutes later, however, the actress fails to reappear. "She went home to breast-feed," her publicist apologizes. "And she's leaving for vacation this afternoon."

As quickly and easily as she disappeared from the interview, Louis-Dreyfus almost walked away from the TV show that made her a pop culture icon. Last spring, at the end of *Seinfeld*'s eighth season, the cast members muscled through a difficult four-month contract renegotiation. Louis-Dreyfus and her co-stars Jason Alexander (George) and Michael Richards (Kramer), who play neurotic New Yorkers, refused to do another season unless NBC met their demands. In the end, they each landed a whopping 300 percent raise, earning them $600,000 per episode and making them the best-paid TV cast in history. Would the *(continued)*

r *Seinfeld*, I'm going to
a *long* hiatus and focus
ing a mom at home,"
Louis-Dreyfus



(continued) actress have returned for one penny less? "No," she says firmly. "It's a great job, believe me, but I have a lot on my plate from a family point of view. I don't know how I'm going to pull it off this season. I'm actually very nervous about it."

The day after Louis-Dreyfus dashed off, she is sitting on a patio in a scenic beach town where she is vacationing. Charlie kept her up much of the night, and the coffee she is sipping doesn't seem to be compensating.

In person, Louis-Dreyfus is a lot softer, rounder and plainer than Elaine Benes, Jerry Seinfeld's neurotic ex-girlfriend. In fact, the actress says, she has little in common with the character. "Apart from the fact that I look exactly like her—actually I don't, because I don't have her hair-and-makeup person." She laughs. "I'm one hundred percent *not* like her. I'm married; I don't hang out with a bunch of single losers. And I don't put up with a lot of, you know, crap, for a lack of a better word."

Her colleagues would have to agree. "Julia is very no-nonsense," says Jerry Seinfeld. "With her two little ones, she's a little worried about how she's going to handle all of this. I can't imagine anyone *more* able. I've seen her work pregnant, ill, exhausted—and she never complains."

It helps to have a sense of humor, which Louis-Dreyfus developed early on. "When I was about four, I was eating raisins once, and I thought it would be funny to put them in my nose," she explains. "I showed my mom, wo laughed and said, 'Are you going to take them out?' Th I snorted them and we had to go to the emergency room

In fact, the actress's childhood was a mixture of laug ter and pain. Her father, one of the principals of a billion-dollar family arbitrage firm, and her mother a short-story writer, divorced when she was one. Both p ents remarried a few years later and each went on to ha two more daughters.

When she was six, Louis-Dreyfus moved to Sri Lan for a year with her mom and new stepfather, a surge who was working for an international relief organizati "I was the only white girl in this convent school ther she remembers. "Being in a foreign country was sca There were elephants walking around and people in sa But it was an awakening in all sorts of ways." For one thing, the actress discovered a love of literature. "We would read aloud to each other each night," she sa "We read *Little Women*, and I would look forward t like it was television."

Back in the United States, she lived in Washingt

"I'm one hundred percent *not* like Elaine," says Louis-Dreyf I don't hang out with a bunch of losers. And I don't put u



D.C., and attended the exclusive Holton-Arms g school—which she loved. "If I had a daughter, I wo definitely send her to an all-girls school," she says. "I a president of my class and of the honor council. Ha been in a co-ed environment, I might not have b Young girls are influenced by social pressure to not ex to the max in a classroom situation."

While school was a good experience, her home life more problematic. From the age of nine, Louis-Dre commuted by herself from Washington, D.C., to N York City to visit her father and his new family. "It was kind of hard," she admits. Her large, brown eyes play her pain as they scroll the clouds on the hori She chooses her words carefully. "It was a lot of tr tion and separation issues and all of that. My parents along with one another, so I wasn't playing referee tween them. But it was still hard." How did this a her as a parent today? "It's made me desire a very s family life," she says, her voice resolute.

"She would come home and cry for hours," remem her half-sister Amy Bowles-Reyer. "Julia kept our fam separate and didn't talk about one family to the o She had a rough childhood, even though there we many people to love her and try to make it not rough

No wonder, then, that even as a little girl, Lo Dreyfus took humor seriously. "Julia loved to play g that would make her over-the-top hysterical laugh says Bowles-Reyer. "There is a tragic-comic eleme her humor. If there is a morose situation, Julia is goi get the giggles. Her sense of humor is a deflector uses it to lighten up a situation, and she uses it to a

lf. Laughter has been incredibly
ining for her."
uis-Dreyfus met a kindred spirit
orthwestern University, in Evan-
Illinois. Brad Hall ran an im-
troupe, which Louis-Dreyfus
d. Mention his name and Louis-
fus lights up like a makeup mir-
"I was *mad* for him," she moons
t her husband of ten years.
am."
a performance during Louis-
fus's junior year, she and Hall
discovered by *Saturday Night*
talent scouts, who whisked
to New York City. But even
h she was working with such
dic geniuses as Martin Short,
Crystal and Eddie Murphy,
xperience was far from funny.
as competitive, very male-

married;
a lot of crap."

ed," she says. "It wasn't *fun*."
vas, however, a great bonding experi-
or her and Hall. "There was a bunker
lity," Hall explains. "We really stuck
er, and that was a great way to begin
ionship."
r three years, they quit the show,
to Los Angeles, got married and tried
ak into prime-time TV. Hall went into
; and producing, and now has a pro-
on deal with
Louis-Dreyfus
bunch of small
which led to
ars on the series
Day and then
break.
David, the co-
r of *Seinfeld*,
id worked with
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ive, sent her a
and the oppor-
to read with
"It was like in-
comedy: Add
e and stir," re-
rs Seinfeld. "I
hat when we
Julia, we had a
v. She's bright,



Kissing her 1996 Emmy





With the 1984 cast of *Saturday Night Live* (above), and with her husband, Brad Hall

funny, pretty—it's a very rare combination. This was the perfect ingredient that the show was missing."

That was nine years ago, and since then, the recipe has only improved. "I think that we think the show is funnier than it actually is, because we're having such a good time doing it," says Louis-Dreyfus with a chuckle. "Remember that feeling when you're a senior in high school and you're ruling the roost? It feels like that on our set."

The actors do seem to genuinely like one another, quirks and all. "Julia is one of my favorite people," says Seinfeld. "What's funny about her is that she will dress for the weather outside, even though she's not going to *be* outside. If it's raining, she will come in with the shiniest slicker you've ever seen, and she'll squeak around the stage all day in these hip waders. Being from the East Coast, she misses dressing for the weather. So she *leaps* at every opportunity."

At the same time, however, she never lets an outfit interfere with a good laugh. "She'll wear a beautiful Armani suit to rehearsal, and if she has an idea for a scene, like to fall down on the floor, she'll just do it, which is something I can*not* get used to," he says. "If I was wearing *jeans* and *a T-shirt*, I would be saying, 'Is the floor clean?' That's the way I am. But for her, it is all about the work."

According to her husband, though, it's really all about the family. When Henry was little, she used to take him to the set every day, where he had his own dressing room. Now that he's in kindergarten, Charlie will go with Mom to work. "She's very forceful and organized as far as the kids go," says Hall. "The thing that amazes me is that in the midst of this very busy career, somehow she's able to play with Henry, make his lunch and do the whole full-time mom thing. She's a whirlwind."

With family life taking precedence, it's no wonder that the couple's few indulgences—martinis, cigars and exotic vacations—are temporarily on hold. "Just after Henry was born, we said, 'Let's go to Tahiti for five days!' " says Hall. "Then it became, 'Let's just go to *(continued on page 224)*



your true blond

how to get the look

Blend on a creamy foundation to match your skin tone and follow with a dusting of loose, transparent powder. Over lids, from lash base to brows, brush on a sand-color shadow, then apply a warm café au lait or cedar color to the crease and along upper lashline. Try Revlon Custom Eyes Matte Eyeshadow in Pebble or Granite. Line lower lids with a khaki or taupe pencil such as L'Oréal Le Grand Kohl Liner in Olive or Cover Girl Perfect Blend Eye Pencil in Smoky Taupe. Curl lashes and apply a brown mascara like Almay Amazing Lash Mascara in Intense Brown. On cheeks, sweep on a skin-tone blush such as Maybelline's Natural Accents in Nude; outline lips with a rosy-tan pencil and fill in with a warm caramel lipstick like L'Oréal Colour Riche Lipcolor in Honey Honey.

Our panel of beauty experts includes N.Y.C.–based pros Sandy Linter, Helene Macaulay, Bobbi Brown, and Laura Mercier; Heidi Schulze of Houston; and Lydia Snyder of Miami.

colors

e-bye, basic (and boring) brown eshadow and no-look lipstick. day's new makeup offers the ost foolproof flattery because e shades really play to your engths

By Lois Joy Johnson



THE PROS' DOS AND DON'TS

FACE FACTS Because a blond's complexion has scant definition to start with (think of Carolyn Bessette-Kennedy), even a small amount of makeup can make her look overdone. At the same time, a blond shouldn't err on the too-bare extreme. The kind of blond you are determines your best colors. If your hair is warm and golden, you'll look great in colors like caramel, cinnamon and copper. Cool, ashier blonds will find they prefer taupe, almond and icy mocha.

LIPS Few blonds can pull off the dark-red look on their lips the way Madonna can. Stick with rich neutrals such as butterscotch and honey, but don't go too orangy or too brown. And to keep the color from blending with your skin tone, use a deeper-hued liner.

EYES If you're fair, you need to take it easy on dark liners. Switch to khaki or taupe ones instead: You'll be amazed by how well they deliver definition. Make sure you use an eyeshadow that's slightly paler than your liner so as not to overpower it. Try camel, honey or caramel shades. Mascara choice depends on hair color. If you're a true blond with very fair lashes, a brown mascara will give the right definition. Darker blonds should use navy; no blond should wear black.

CHEEKS Blush colors for blonds are fantastic right now. In fact, true blond cheek color—in sandy, flesh tone and cantaloupe shades—recently didn't exist. The new colors come in creams and powders that are sheerer and look more transparent on the skin, which means you can use a freer hand without looking too made-up. Apply to temples, chin, bridge of the nose and to cheeks for a healthy glow.

NAILS Here's where you can really try out trendy colors in a way that's still acceptable for work. Try layering sheer tints of color for more depth, or choose one of the new shimmery golds.

your true colors

Even if you're a die-hard neutral-makeup fan, the new warmer pale shades and deeper, fuller dark ones just may make you a convert to color



THE PROS' DOS AND DON'TS

FACE FACTS Because brunets have a dark frame for their features, they can wear deeper, denser colors easily. Just *how* deep you can go depends on your eye color, skin tone and overall style (although the general rule is that the darker you are, the darker your makeup can be). But berry tones and sheer plums are a good choice for most women (of course, just about anyone can wear an extreme purple shade on her nails). Whatever color you choose, resist the urge to use too many that are high in intensity, and avoid going for attention on both the eyes and lips. Always vary strong colors with softer ones, and limit yourself to one focal point.

LIPS Love the strength of real red lipstick? A rich plum-berry mouth offers the same effect in a much more updated way. Keep it sheer, not opaque or matte or heavily lined. The new dark stains look especially great—fill in the entire lip first using a soft lip-toned pencil to give your lips shape and help the stain last. Also, coat dry lips with a non-camphor lip balm before applying dark color.

EYES With brunets, what may seem to be a lot of makeup doesn't always look that way. Brunets with olive undertones and dark eyes can wear the deepest violets or purples, while those who are lighter look best in more muted shades. When you line your eyes, keep the outer "tail" refined by either tapering it or blending it so it fades into skin without a hard edge.

CHEEKS To balance the strong color on your eyes or lips, you want to choose a less intense shade of blush. To keep color from going on too heavily, use a large makeup brush and apply with a light, circular motion, blending up on the cheekbone to the outer eye.

NAILS Be your most daring. One coat of iris or grape will give you a new-looking tint. For amplified drama, add a coat or two more.



how to get the look

Start by smoothing on foundation to even out skin tone. Then, from lashline to crease, blend on a rich plum eyeshadow, smoothing from corner to corner. Also, run applicator lightly under the lower lashes, then dab a tiny amount of pale shadow on the browbone to open up the eye (try a quad compact like L'Oréal Soft Effects in Subtle Berries). Next, line upper lids with a dark-grape pencil (such as Maybelline Smoked Kohl in Violet), curl lashes and add a coat of brownish-black mascara (try Revlon ColorStay Lashcolor). With a brush, apply a berry-toned lipstick such as Estée Lauder Twotone Lipstick in Wild Berry, and to cheeks apply a dusting of natural pink blush like Sandwash Pink from Bobbi Brown Essentials. Nails get two coats of a deep dramatic color like Night Affair Express Finish by Maybelline.



the heal

Operating rooms across America are opening their doors to "energy healers," who claim to help patients recover faster from surgery. A special report on a new trend in medicine

By Jan Goodwin



g surgery, Motz places ands on nts to mit positive ng energy gh her to theirs

In the hospital operating room, Julie Motz places her hands over heart-transplant patient Maggie Palmienteri. In her green scrubs, Motz could easily be mistaken for a surgeon—until she begins to talk to Palmienteri's diseased heart. In a gentle voice, Motz thanks the heart for giving up its life so that the rest of the body might live. Then she turns her attention to the healthy heart about to be transplanted. In the same soothing tone, she assures it that it's going to a "good place in another person."

This unusual drama is taking place in Columbia-Presbyterian Medical Center, in New York City, a prestigious teaching hospital with the largest heart-transplant program in the country. Motz is an alternative medicine "subtle energy healer," who says she transmits positive healing energy through herself to others. She has no formal surgical training; instead, her focus is on the patient's emotional well-being before, during and after surgery. Throughout Palmienteri's six-hour operation, for instance, Motz will touch, calm and encourage the patient.

Healers like Motz were once considered witch doctors by the mainstream medical profession. Today, however, an astonishing change is taking place as healers are beginning to work alongside physicians in top medical centers across the U.S.

This surprising shift is due partly to the growing popularity of alternative medicine. In a recent survey by the Office of Alternative Medicine of the National Institutes of Health, half of all family-practice patients polled said they used alternative treatments.

Motz, fifty-four, is highly articulate and not at all the "New Age flake" one might expect. She comes by her scientific side naturally—her father is a professor emeritus of astronomy at Columbia University; her brother, an assistant professor of medicine there. Motz herself has a master's degree in public health.

She became interested in alternative cancer therapies ten years ago; after receiving training in energy balance, reflexology, applied kinesiology, bioenergetics and Oriental diagnosis, she became a healer in 1986. For two years she performed energy healing on a volunteer basis at Columbia-Presbyterian, working with cancer and cardiology surgery patients. She also teaches energy healing to medical students, residents, physicians and nurses at various hospitals because she feels that "anyone with training can do [it]."

Do Motz's treatments really work? To find out, we spoke to two of her clients—and their doctors. Here are their stories.

Therapeutic touch

More than a year after her heart transplant in April 1996, Maggie Palmienteri's prognosis is excellent, according to surgeon Robert Michler, M.D., director of heart and lung transplantation at Yale–New Haven Medical Center. "I know I recovered better than many patients, and that Julie had something to do with that," says Maggie.

In spite of her enthusiasm, Maggie admits that there were times when Motz's healing techniques made her feel awkward. "There were some sessions when Julie wanted me to use visualization to 'become' my blood. For me, this sort of thing was *(continued on page 229)*

How Old Is She Really?

The number of candles on a birthday cake may not be the only indicator. We asked three experts—a dermatologist, a dentist and a fitness pro—to guess the ages of these three women based on their skin, teeth and shape. What are the biggest age giveaways? And what can we do to keep the years off?



Experts' age estimates:

Skin: 35

Body: 25

Teeth: 30

I.D.: Jeanene Garro, 5'7", 123 lbs.; an actress
DIET: mostly chicken and fish; no dairy, sugar or shells
SLEEP: 7 hours a night
SMOKING: never
FITNESS: a weekly two-mile run, an hour-and-a-half yoga class twice a week and dance class once a week
ORAL HYGIENE: brushes and flosses every day
SKIN CARE: uses foundation with SPF 8 and Clarins skin-care products
WORST HABIT: a mostly reformed sun worshiper, now let herself get good and tan only once a year on vacation



xperts' age
stimates:

kin: 40

ody: 25

eeth: 22

ctoria Mericle, 5'7", 122 lbs.; in finance
Lots of pasta and vegetables, especially potatoes;
eat twice a month; no junk food ever
: 6 to 7 hours a night
.ING: never
SS: plays tennis three times a week, softball once
k, golf as often as she can
HYGIENE: brushes regularly, rarely flosses
CARE: uses Oil of Olay Beauty Fluid and a grainy
ser every day; rarely wears sunscreen
T HABIT: loves to bake in the sun



Experts' age estimates:

Skin: 25

Body: 40

Teeth: 40

I.D.: Robin Grimes, 5'11", 150 lbs.; in public relations
DIET: balanced, but no sugar or sweet drinks; lots of tea
SLEEP: 7 hours a night
SMOKING: half a pack a day for the last ten years
FITNESS: every day, rides stationary bike for 20 minutes and does sit-ups and leg lifts; takes 30-minute walks five times a week; does yoga stretches twice a week
ORAL HYGIENE: brushes 2 to 3 times a day; doesn't floss
SKIN CARE: always wears SPF 15 sunscreen; washes with Cetaphil cleanser and moisturizes with M.D. Formulations
WORST HABIT: spotty attendance record at the dentist

Surprise! They're all th

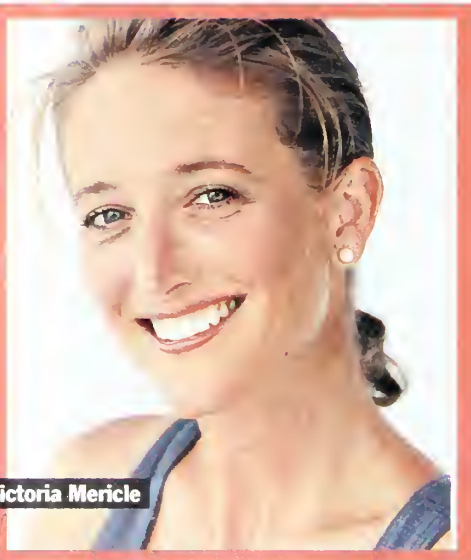
SKIN


Jeanene Garro

DERMATOLOGIST LINDA K. FRANKS, M.D:

Jeanene has solar lentigos, or liver spots, on her cheeks—a sur sign of sun damage. She also has wrinkles around and under he eyes. At the same time, she has only the beginning of lines on hr forehead, and the parallel smile lines around her mouth aren't th deep, which is why I peg her at thirty-five. Also, her skin is very d which is normal for women starting between the ages of thirty- five and forty, because the exfoliation process slows down.

The doctor's R_x: Jeanene won't be able to undo the sun dama she exposed herself to years ago, but she can keep her problems from getting worse. She says she wears an SPF 8 foundation, but that's not enough. She needs to use a broad- spectrum sunscreen that blocks out ultraviolet A, the rays that cause the most skin damage. Any product that contains oxybenzone or titanium dioxide will shield her.


Victoria Mericle

Victoria has significant lines on her forehead and around her mouth, as well as many solar lentigos, which tell me she has spent a good deal of time in the sun. Sun exposure is particularly damaging to people like her with fair skin and blu eyes—their skin has very sparse melanin, making them extremely sensitive to the sun—and sure enough, Victoria's complexion is lackluster. On the other hand, she seems to have a rather energetic personality and youthful, athletic physique. Were it not for those qualities, I'd say her skin loo even older than forty.

The doctor's R_x: Victoria tells me she grew up in the Florida sur and never used sunscreen, which explains all the damage. But r current attitude that a tan is desirable needs some adjustment. She must start using sunscreen with SPF 15 or better on her fa neck, chest and hands. To fade her sun spots, she should also use an exfoliating product.


Robin Grimes

Robin's skin shows virtually no evidence of sun damage—her complexion is dewy and moist, and she doesn't even have an crow's-feet! The only problems seem to be some uneven pigmentation and evidence of past blemishes—problems tha are common to people with darker skin.

The doctor's R_x: Even though Robin's dark skin provides its on powerful sun protection, she has really helped keep her skin looking young by being a consistent user of sunscreen with SPF 5 or 20 and by using alpha-hydroxy–acid products. To improve hr slightly uneven complexion, she should use a very gentle dail exfoliating lotion that will help her shed extra dry skin cells.

very same age— 37!

BODY SHAPE

ITNESS EXPERT MARCIA BASHORE, M.S.:

eanene's blood pressure is a healthy 95/60, her ody fat 20.8%; her muscular endurance and erobic fitness level are both very high. She's also normously flexible—like Gumby! However, her abs e not as strong as the rest of her. Nevertheless, ne's got the body of a woman much younger than ne obviously is!

ne expert's R_X: Learning that Jeanene is a former ancer explains why she is in such terrific shape nd so incredibly flexible. Because she is agile and ne, she is unlikely to have any mobility problems r years to come. To build strength in her upper dy, she should add weight training to her routine.





Victoria has the hard-bodied physique of an athlete and is very strong. Her blood pressure is a good 126/71, her aerobic capacity and endurance are excellent, and her body-fat percentage is just 14.8%, which would be low if she weren't so muscular. Even if she were only twenty, I'd say she was very fit for her age!

The expert's R_X: Victoria keeps up a busy schedule of sporting activities, which accounts for her good all-around scores. Her low body-fat level, healthy blood pressure and strong aerobic condition means she's at low risk for heart disease. But because she's been so athletic all her life and has had some injuries, she's not as flexible as she might be. She should get involved in yoga to learn how to stretch and work her muscles slowly.

bin's aerobic fitness and flexibility are only fair, and lower body needs work. But her body fat is ideal at %, and her upper body strength is spectacular. (She ld lift 66 pounds doing isometric arm curls—more n I've ever seen a woman lift!) She needs to watch blood pressure, which is a little elevated at 128/92.

expert's R_X: Even though she exercises ularly, Robin isn't seeing the kind of results she ht hope for. She should probably push herself a e harder when she walks and rides the stationary e, and she should combine upper- and lower-body rcises, perhaps using a climber at the gym.



TEETH

DENTIST MARC G. LOWENBERG, D.D.S.:

Jeanene has porcelain veneers, which give her a nice smile, but even her back teeth show little age-related discoloration. No sign of gum disease, which is prevalent in people past thirty.

The doctor's R_X: Jeanene should continue her attentive home care, which helps keep her gums healthy. Her white teeth are due to good genes.

Victoria's teeth are bright white with no signs of decay, and her gums healthy pink, with no puffiness or recession.

The doctor's R_X: Victoria admits to using a home teeth-whitening treatment, which explains their bright color. Because she rarely flosses, her good gum health clearly has a genetic component. Problems may catch up with her if she doesn't start flossing soon.

Robin's teeth have age-related yellow discoloration and her gums are inflamed—a sign of gum disease. She also has many corroded fillings.

The doctor's R_X: Robin should start flossing before her gums recede and cause irreversible damage, and she should have her fillings replaced to avoid crowns.



And baby makes three: Relocated into what had been an attic, the couple's mahogany four-poster enjoys plenty of headroom

And The Winn

Major life changes often necessitate substantial home ren
rooms that took top prize in our annual contest Produ



ers Are...

ns. Tour the stunning made-over

Kimberlie A. Waugh

Both bedrooms in John and Julie DeCarlo's house in Winnetka, Illinois, were spoken for: John used one as his home office (he's director of sales for a software company); the other was the couple's bedroom. So when they were ready to start a family, they looked upstairs and turned what had been an unattractive attic and rec room into their master suite, freeing the downstairs bedroom for a nursery.

"We spent hours laying it all out with masking tape," says Julie, a homemaker. To accommodate the bathroom, walk-in closet and entertainment wall they wanted to add, the DeCarlos extended the living space partway into the upstairs landing on one side and into the attic on another.

Last August, after four months of work, the project was completed. Now they have a 17-by-17-foot aerie that comfortably fits not only their bedroom furnishings, but also a mini-nursery—a cradle and chair by the window where they can rock baby Anna, born in June. (Anna will move into the downstairs nursery when she's older.)

The decorative touches are consistent with the traditional character of the rest of the house: Crown moldings, glass doorknobs, a chair rail, hardwood floors covered with Oriental carpets, and window treatments made by Julie's mother. John and Julie have found their garret retreat the perfect place to relax while Anna sleeps in the cradle and their shelties, Junior and Lilly, doze on the floor. "It's so private and peaceful up here," says Julie happily. *(continued)*





Opening the kitche the adjoining den g the Underwoods' traditional home a contemporary feeli



People used to say, 'You have such a nice kitchen—why do you want to change it?" says Linda Underwood, a homemaker. And while it's true that her kitchen was large, just one door led from it to the rest of the house—making it tough for Linda to keep an eye on Trip, her active three-year-old son. Another problem: Hanging cabinets blocked sightlines between the cooking area and the table. "It was terrible for entertaining—you felt trapped!"

Frustrated by the awkward layout, Linda and her husband, Dean, a self-employed manufacturer's representative, thought about moving. But they didn't want to leave their established, tree-lined neighborhood in Memphis, Tennessee, so instead, they removed the wall that stood between kitchen and den, allowing foot traffic to flow freely between the two areas.

To start, they tore out the paneling, put Sheetrock over the brick wall on the fireplace side, added a weathered wooden mantel and painted the walls taupe with a ragged finish. "It looks great and doesn't show little handprints," Linda points out. Four columns mark the division between the two rooms, while a rectangle of Italian tile with a hardwood border creates a harmonious transitio between the pegged oak floor of the family room an kitchen's ceramic floor.

In the kitchen, the hanging cabinets were excha for ceiling-high cupboards against the walls. A gra topped island serves as a cooking area on one side a breakfast bar on the other; Trip likes to sit there and his parents cook, stirring ingredients in mixing b while Dean and Linda are at the stove.

After four months, the renovation was finished in for the Underwoods' annual Christmas party. "It was derful," says Linda. "That crowded feeling was gon erything flowed perfectly. We'll never house-hunt ag

Without building additions, our winners found ways to make their homes feel bigger, brighter and better

When Elizabeth Cardon Richardson's husband died a few years ago, their dream for a large family was shattered. So, too, was the plan to expand and remodel the small house the couple had bought in Rockville, Maryland. It lacked a family room, and kitchen and dining room were cramped and dark. abeth, an at-home mom of two, had to find a way to e improvements on a severely restricted budget.

he decided to take advantage of the screened porch, ch ran alongside the kitchen and dining room. "I ght, Here's an area that's roofed, partly framed and a floor and foundation," Elizabeth says. Besides, the rior wall that separated house from porch blocked t. To save money, she hired a friend with a backnd in construction. Together, they knocked down the wall, opening the interior to the bright southwest exre. "I'll never forget that moment's sheer drama," beth says. "The room flooded with sunshine."

e had picture windows made to enclose what had the screened-in area. Four weeks later, there was a step-down seating area next to them, and a spacious family room where the dining room used to be. The other end of the former porch has been set up for dining, with a pass-through window leading to the kitchen.

A typical afternoon in this sunny part of the house might find two-year-old Ethan and seven-year-old Juliet playing, or the whole family reading a story or working on a puzzle together. "Family bonds are so important to us," says Elizabeth, "and the new layout makes it easy for all of us to be together." —*Janet Bailey*

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mall rooms almost grand, s to new ws and passghs at the rdsons'

The Little Girl In The Well



HER LIFE TODAY

In October 1987, eighteen-month-old Jessica McClure plunged twenty-two feet into the earth, in a dark, abandoned well. For fifty-eight hours the world watched and waited as rescuers in Midland, Texas, fought to save the brave little girl. Now, ten years later, her family fights a second battle—to give their child a normal life By Kathryn Casey

"Look," Jessica McClure says, lining up her Beanie Babies across the dining-room table. At eleven, Jessica is tall and slender, her soft brown hair pulled into a pin-straight ponytail. "This is Millie," she says seriously, holding up a small chimp to show a visitor. "And Buggy the ladybug, and Molly the duck . . . Want to see more?"

"Jessica, put those up on your bed," her mom, Cissy, twenty-eight, says as she pages through a scrapbook, one of twenty filled with news clippings covering what the family has come to call "the accident." A decade old, the pages are beginning to yellow, but the headlines still scream: "Child Trapped," "Exhausted Volunteers Focus Energy on Rescuing Toddler," "Crowd Breaks into Cheers, Tears, as Girl Is Freed," and finally "Something About Jessica Tugs at the World's Heart."

Asked if she wants to look at the scrapbook, Jessica says, "Nah," wrinkling her nose.

Cissy glances at her daughter with an amused smile. It's obvious that Jessica's answer pleases her. "More than anything, I want her to have a normal childhood," says Cissy. "We want everyone to know that she's fine, that she's a healthy, active, loving girl. But we don't want people recognizing her everywhere she goes." Her concern for her daughter is so great that Cissy stipulated that the *Journal* could take photographs that completely revealed Jessica's face.

The fame the family is trying to escape began on October 14, 1987, when Jessica, then eighteen months old, was left alone for a few minutes by her mother in her aunt's backyard and dangled head over an eight-inch-wide well. As she tried to crawl up, she plunged into the blackness. The entire town of Midland pulled together to free Jessica *(continued)*

A Ladies' Home Journal Exclusive



"I [still] get scared," says Cissy. "I think, I almost lost Jessic"





Jessica, with her stepsister, Christina, is a normal eleven-year-old who likes to ride her bike, dress up her Barbie dolls and play the piano





(continued) from what threatened to be an early grave. Rescuers drilled a twenty-nine-foot vertical shaft parallel to the well and then bored a five-foot-long horizontal tunnel through solid rock to reach her.

Perhaps because of her young age, Jessica remembers nothing of the fifty-eight terrifying hours she was trapped underground, singing the "Winnie-The-Pooh" song and "Jesus Loves Me" for comfort. She says it often seems as though it happened to someone else, like when she watched the 1989 TV movie on the rescue. "I asked all these questions about the little girl. . . . I didn't know who she was," says Jessica, her voice sparked with excitement. "And Mom said it was me!"

"That she doesn't remember is a godsend," says Cissy, who admits that though Jessica has grown into the kind of daughter she'd always hoped for, those two and a half days have profoundly affected their lives.

Jessica's world

Jessica still lives in the small brick, suburban Midland home bought after the rescue with donations from well-wishers. It's in the hallway outside her bedroom that the memories are most visible: a key to the city given by the mayor, news photographs of the family in 19 with then–President George Bush and First L Barbara Bush, and needlepoint samplers that "God Loves Jessica" and "I believe in miracles."

Her room is still crammed with gifts that po in after the rescue, many addressed c to "Baby Jessica, Midland, Texas." A g Winnie-The-Pooh sits in one corner, a ch size armchair with her name embroidered c in another. Forty Barbie dolls fill two draw

But in the decade since the rescue, Je ca's family has changed. She endured t turmoil of her parents' divorce, which b Cissy and her ex-husband, Chip, insist a little to do with the accident. "Ninety e cent of it was the fact that we were t young when we married," says Chip, twenty-eight, a manager for a trailer manufacturer. "At sixteen, you c think about compatibility."

These days, Jessica's family, like those of many dren, is a blended one. The house bustles with activi her mother, a full-time homemaker, clears away h dishes and her stepfather, Tim Porter, thirty-four, a d mechanic, roots through a stack of videos for somet to watch. Fourteen-year-old Christina, Tim's daug from his first marriage, who moved in with them years ago, flits through the room looking for her fav shorts, which turn out to be in the wash.

"Christina's my big sister," confides Jessica. "W lots of things together."

Then there's the Porter family menagerie—four three cats, two kittens, five fish tanks, a lizard an elaborate network of fish ponds Tim and Cissy bu the backyard from native stone. For Jessica, who pla be a veterinarian someday, it couldn't be a more p setting. "It's really fun," she says, cuddling her calic Callie. "There's always something to do."

Every other weekend, Jessica travels across Midla stay with her dad at his apartment. Chip McClure i arated from his second wife, and it's not unusual f younger daughter, Kristen, four, Jessica's half-sister, there, too. When asked about her weekends with he Jessica doesn't hesitate. "We go swimming," she happily. "He has a pool."

"Cissy and I have talked about how Jessica has r from both of us," says Chip, laughing. "She's ki

like I am, and she's strong-willed like her mother."

hile Jessica insists she has no memories of the two a half days she spent trapped twenty-two feet inside arth, or her arduous recovery with its repeated surg- she is constantly confronted by the ordeal's linger- hysical effects. When she is fully dressed, the only cal scar that is visible is a fading web of lines on her ead, where doctors repaired a large wound caused ubbing against the well's rocky wall. Her ponytail eals a similar, half-dollar-size wound at the nape of eck. But in a swimsuit, her other injuries become ent: the scars along her thigh where doctors harvest- in grafts, and the extensive damage to her right foot, was seriously injured in the well. Surgeons were d to amputate her little toe but saved the rest of the rom gangrene.

lost people figure I got burned. I just tell them I was accident," Jessica says. "One boy at school teased out it, but the teacher made him stop."

e scars, she says, aren't so bad. "I'm proud of ," Jessica insists. "I have them because I survived."

sixth-grader in a private school where she earns all nd B's, Jessica takes piano lessons, likes country- estern music, computer games, in-line skating, play- er French horn and social-studies class. And there is she's sweet on. "He likes me, too," she says with a grin. "His best friend told me."

w has she grown up so normally, so unspoiled by ttention of the world? Cissy and Tim say they, to- r with Chip, made a pact to mention the accident as n as possible. "We answer her questions about the ent, but she hardly ever asks anything," says Cissy. s grown up knowing about it. We never hid any- from her."

n adds that they feared Jessica could never live a al life if she grew up feeling different from other en. "She's special to us, because she's ours," he "But we didn't want her to feel like she always had the center of attention."

haps that's why Jessica has apparently emerged so onally unscathed. Although, in the first year after cident, she often ran to her parents' bed for com- nd cried out, "No!" and "Don't!" in her sleep, Jessi- ists nightmares from the incident no longer plague Nor does she suffer from claustrophobia, as experts predicted she might. "Sometimes scared at night, but it's 'cause I think are monsters under the bed," she explains playful grimace. "But I've got this imagi- friend, Pinky. She's a princess who turns dragon and eats them."

other's guilt

Jessica has Pinky to drive away her fears, admits it hasn't been so easy for her. I have nightmares about it," she says. "In eams, I can hear the pounding of the rig they used to drill the shaft, and I wake up in a sweat. For a minute I think, My baby's still in there."

It's her husband she credits with putting to rest many of her demons. When they married in August 1990, she was afraid to let Jessica play in the backyard alone and panicked whenever she was out of sight. "Tim taught me that what happened wasn't my fault," says Cissy, smiling at him. "He said, 'You've got to let her go outside—quit being so protective.'"

Yet Cissy says she still suffers pangs of guilt. She wonders what would have happened if she hadn't left Jessica for a few minutes to answer a ringing phone. "I think it's mostly the mom thing, feeling bad when bad things happen," she says with resignation.

The hardest times come when Jessica is ill. Earlier this year, she suffered from chronic tonsillitis and had a tonsillectomy in March. "I get scared," says Cissy. "Then the memories flood back and I think, I almost lost her."

The animosity toward the McClures that hit Midland after the rescue only deepened Cissy's guilt. Townspeople who had initially pulled together to save Jessica fought over selling their story to television. And the rumor mill swung into full gear, targeting Cissy and Chip, who at eighteen were little more than children themselves.

"People we'd talked to, those who know how these things work, told us that there'd be a backlash," says Chip. "The most ridiculous rumors circulated. Some said I was in jail or on drugs."

There were also whispers that the McClures were spending the contributions donated to Jessica. They say they took only the money sent directly to them—some of it to buy the house Jessica and Cissy now live in. The bulk of the donations, estimated at $700,000 at the time of the rescue, were placed in a trust fund, which will be turned over to their daughter at the age of twenty-five. Until then, it's administered by a local bank, and neither Cissy nor Chip is able to draw from it except to pay for Jessica's medical and education expenses.

Today, the bad feelings have died down. Where strangers once walked up to her and accused her of not showing enough emotion during the rescue ("I was in shock," Cissy says. "Inside, my heart was breaking"), they now rarely

(continued on page 232)





Baby Jessica heads home from the hospital after her ordeal; the well (below, right) is now capped for safety



This Halloween, bring your dessert creations to life with the great taste of Reddi-wip® real whipped cream.

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FOOD

JOURNAL



Brûlée from
ntry Inn Cooking



Citrus Grilled Sirloin from
Beef, Light and Lean



nted Marshmallows
Sweet and Spooky

All Fall In!

This month we have something for everyone: healthy family meals using the leanest cuts of beef, plus exceptional main dishes and sublime desserts from the top country inns of New England. And, sure to thrill kids of all ages, we've baked up a batch of spine-tingling Halloween treats!

Citrus Grilled Sirloin

Because sirloin steak is cut a bit thicker than other steaks, use an instant-read thermometer to test for doneness.

Prep time: 15 minutes plus standing
Grilling time: 20 minutes

Dressing
- *1 teaspoon grated lemon peel*
- *¼ cup fresh lemon juice*
- *2 tablespoons olive oil*
- *1 tablespoon chopped garlic*
- *1 teaspoon cracked pepper*
- *½ teaspoon salt*

- *3 large yellow peppers, quartered*
- *3 medium zucchini, cut into 2x½-inch-thick slices*
- *1 sirloin steak (1¾ lbs.), about 1 to 1¼ inches thick*

1. Heat grill. *Dressing:* Whisk together lemon peel, lemon juice, oil, garlic, pepper and salt in small bowl.
2. Toss 3 tablespoons dressing with peppers and zucchini in glass baking dish. Set aside.
3. Brush grill with oil. Brush steak with 2 tablespoons dressing in small glass dish. Grill steak 15 to 20 minutes, turning every 5 to 8 minutes and brushing with remaining dressing, until instant-read thermometer inserted in center reaches 140°F. for medium-rare.
4. After 10 minutes of grilling the steak, add vegetables around meat. Grill vegetables, turning occasionally, 10 minutes. Transfer vegetables to dish; toss with remaining dressing. Slice steak and serve with vegetables. Makes 6 servings.

Per serving: 300 calories, 18.5 g total fat, 6 g saturated fat, 80 mg cholesterol, 243 mg sodium, 7 g carbohydrates, 26 g protein, 34 mg calcium

Café Brûlée

The Williamsville Inn, Stockbridge, Massachusetts
(see page 218 for more about the inn)
Brûlée means "burnt." The Williamsville Inn's chef uses a butane blowtorch to caramelize the sugar on top—but don't try that at home. Use LHJ's adaptation instead.

Prep time: 20 minutes plus chilling
Baking time: 30 minutes

- *4 cups heavy cream*
- *3 tablespoons instant coffee*
- *1 teaspoon vanilla extract*
- *8 large egg yolks*
- *1½ cups sugar, divided*
- *Pinch salt*
- *1 tablespoon light corn syrup*

1. Heat oven to 325°F. Bring cream just to a boil in saucepan. Stir in coffee and vanilla until dissolved.
2. Whisk yolks, ½ cup sugar and salt in bowl until lemon-colored. Whisk in hot cream mixture. Strain through fine sieve into 4-cup glass measure. Spoon off foam.
3. Place eight 4-ounce baking dishes in roasting pan. Fill each with cream mixture. Pour boiling water into pan to reach halfway up sides of dishes. Bake 30 minutes, until set in center. Remove dishes; refrigerate 3 hours.
4. Heat small heavy skillet over medium heat 1 minute. Add 2 tablespoons of the remaining 1 cup sugar and corn syrup. Cook until sugar melts and turns golden, about 5 minutes. Stirring frequently, add remaining sugar, 2 tablespoons at a time, until sugar melts. Continue to cook until syrup is amber-colored. Immediately spoon caramel over custards. Makes 8 servings.

Per serving: 625 calories, 49 g total fat, 29 g saturated fat, 376 mg cholesterol, 73 mg sodium, 43 g carbohydrates, 5 g protein, 102 mg calcium

Caramelizing Sugar

Making a dessert recipe that calls for caramel? Follow this technique: Heat a small skillet over medium heat 1 minute. For every ½ cup sugar specified in recipe, measure *2 tablespoons sugar* and add to skillet with *1½ teaspoons light corn syrup*. Cook until sugar melts and turns golden, 5 minutes. Stirring frequently, add remaining sugar, 2 tablespoons at a time, until sugar melts and turns golden after each addition. On low heat, continue to cook until syrup is amber-colored, 1 minute more. Use immediately as directed.



Haunted Marshmallows

Use a standing mixer for these homemade marshmallows and metal (not plastic) cookie cutters.

Total prep time: 1 hour 15 minutes plus standing

Homemade Marshmallow
- *2 packages plus 1 teaspoon unflavored gelatin*
- *⅔ cup cold water, divided*
- *1¼ cups granulated sugar*
- *1 cup light corn syrup*
- *2 teaspoons vanilla*

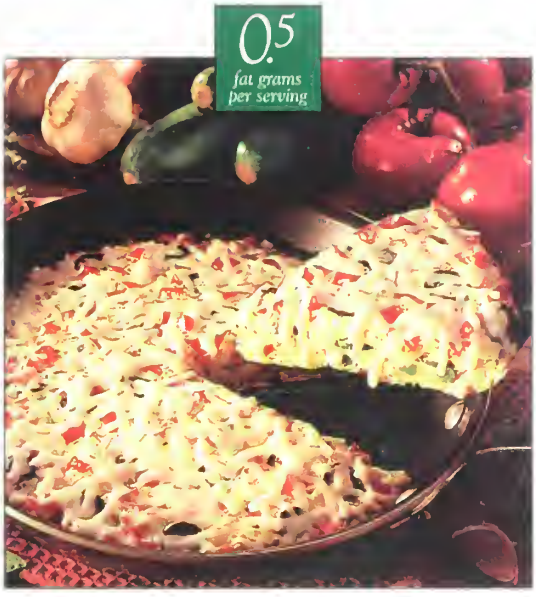
Confectioners' sugar
- *1½ cups black and orange colored sugar*
- *Decorative Icing (recipe page 223)*

1. Sprinkle gelatin over ⅓ cup cold water. Let stand 10 minutes until softened; set aside.
2. Bring granulated sugar and ⅓ cup water to boil in small covered saucepan. Uncover; boil 5 minutes. Pour into large bowl of standing mixer. Add corn syrup and gelatin; stir until dissolved. Beat at medium speed to stiff peaks, 10 to 20 minutes. Beat in vanilla.
3. Dot corners of a jelly-roll pan with marshmallow; line with wax paper. Spread remaining marshmallow into a ¾-inch-thick rectangle. Sprinkle lightly with confectioners' sugar; let stand until firm.
4. Spread colored sugar on two separate plates. Cut out shapes with 2½-inch cookie cutter. Remove cutouts from pan with metal spatula; coat in colored sugar. Transfer to wax paper. Rinse cookie cutter with water. Repeat process. Decorate with icing as desired. Makes 24 marshmallows.

Per marshmallow: 75 calories, 0 g total fat, 0 g saturated fat, 0 mg cholesterol, 16 mg sodium, 1 g carbohydrates, 1 g protein, 1 mg calcium

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Two new ways to a great meal: Follow the recipe. Or the aroma.



Introducing Healthy Choice® Garlic Lovers™ Cheese.



Garlic Lovers Frittata

- 1½ cups frozen diced potato, peppers and onions, thawed
- Vegetable oil spray
- ¼ tsp salt
- ¼ tsp pepper
- 2 tbsp ripe black olive slices, optional
- 1 cup thin zucchini slices, quartered
- 1½ cups (6 oz.) Healthy Choice Garlic Lovers Shredded Cheese
- 1 cup chopped tomato
- 2 cups (16 oz.) Egg Beaters

Microwave potatoes 3 to 5 minutes on high, or until hot; drain. Spray 10" non-stick, oven-safe skillet (or pie pan) with vegetable oil spray. Layer potatoes, salt, pepper, zucchini, 1 cup cheese, and tomato in skillet. Shake egg substitute; pour over vegetables in skillet. Bake 25 minutes at 350°. Top with remaining cheese; cover with foil. Continue baking 5 minutes or until center is set. Cool slightly before serving.

Yields 6 servings. *Nutrition information per serving: 108 calories, 0 mg cholesterol, 477mg sodium, 0.5g fat.*

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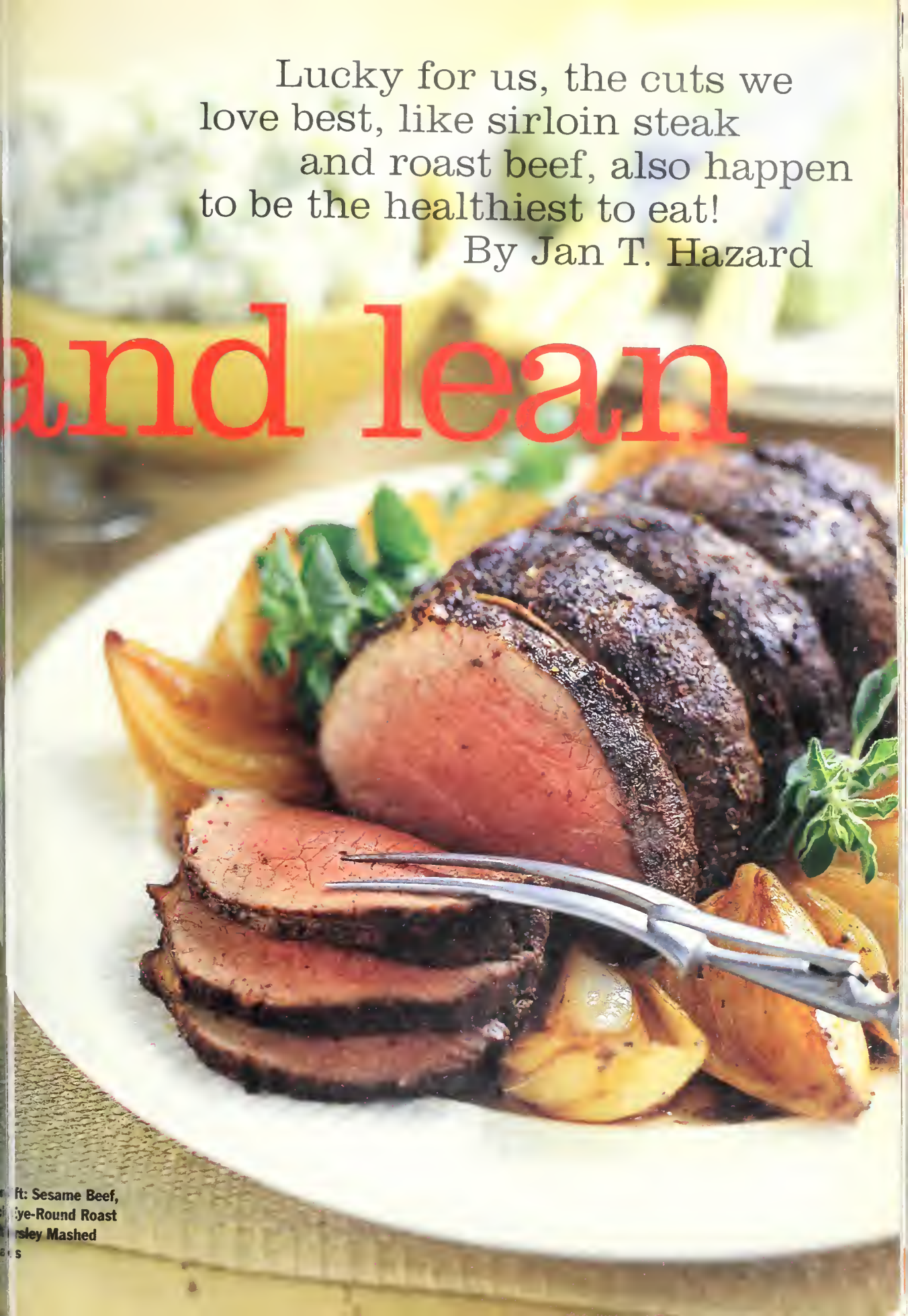
beef, ligh



Lucky for us, the cuts we love best, like sirloin steak and roast beef, also happen to be the healthiest to eat!

By Jan T. Hazard

and lean



ft: Sesame Beef,
ye-Round Roast
rsley Mashed
s

○ Easy ● Challenging ▼ Low-fat
◒ Moderate ⏲ Microwave ▽ Low-calorie
❄ Can be frozen up to 1, 3, 6, or 9 months

SESAME BEEF
Test Kitchen Favorite

A new twist on beef stir-fry with sesame-coated strips of round-tip steak, crispy radishes and peppery watercress. Freeze the steak so it's easy to slice.

Prep time: 30 minutes ○
Cooking time: 10 to 13 minutes

2 round-tip steaks (¾ lb. each), 1 inch thick
¼ cup soy sauce
4 tablespoons rice wine vinegar, divided
1 tablespoon plus 1 teaspoon vegetable oil
1 tablespoon plus 1 teaspoon grated fresh ginger
1 teaspoon minced garlic
1 teaspoon crushed Sichuan peppercorns or ½ teaspoon cracked black pepper*
*½ teaspoon Chinese five-spice powder**
1 cup thinly sliced radishes
½ teaspoon minced jalapeño chile
¼ teaspoon sugar
¼ cup sesame seeds
2 large bunches watercress (5 to 6 oz. each), trimmed
1 cup (2-inch) green onion slices
2 tablespoons dry sherry
3 cups cooked rice

1. Place meat in freezer for 10 minutes.
2. Meanwhile, for marinade combine soy sauce, 2 tablespoons rice wine vinegar, 1 tablespoon *each* oil and ginger, garlic, Sichuan pepper and five-spice powder in large bowl; set aside.
3. With sharp knife, slice meat crosswise into ¼-inch-wide pieces, then cut pieces into thin strips. Toss beef with marinade; let stand 15 minutes.
4. Meanwhile, combine radishes, remaining 2 tablespoons vinegar and 1 teaspoon ginger, jalapeño and sugar in small bowl. Set aside.
5. Heat a large nonstick skillet over high heat for 2 minutes. Add remaining 1 teaspoon oil. Shaking gently to remove excess marinade, transfer half the beef with tongs to skillet; reserve remaining marinade. Cook beef 4 to 5 minutes, stirring twice, until browned and liquid has evaporated. Transfer to plate. Repeat process with remaining beef. Return all the beef to skillet; stir in sesame seeds and cook 1 to 2 minutes, until sesame seeds stick to beef. Return beef to clean plate, cover and keep warm.
6. Add watercress, green onions, reserved marinade and sherry to skillet. Cook 1 minute until watercress is wilted. Transfer to serving platter. Arrange beef on top of greens and spoon radish mixture over beef. Serve with rice. Makes 6 servings.

*Available from specialty food stores or Penzeys, Ltd., 414-679-7207.

PER SERVING		DAILY GOAL
Calories	455	2,000 (F), 2,500 (M)
Total fat	21.5 g	60 g or less (F); 70 g or less (M)
Saturated fat	7 g	20 g or less (F); 23 g or less (M)
Cholesterol	74 mg	300 mg or less
Sodium	783 mg	2,400 mg or less
Carbohydrates	33 g	250 g or more
Protein	30 g	55 g to 90 g
Calcium	158 mg	800 mg (F); 800 mg (M)

TOP-LOIN STEAKS WITH ROSEMARY AND PANZANELLA
Fastest Recipe Of The Month

Grilled steaks are rubbed with garlic and rosemary, then sliced and served with Panzanella, a classic Italian bread salad with tomatoes. We used plum tomatoes—but any late-harvest tomato from your garden or farm stand will work just as well.

Prep time: 25 minutes ○
Grilling time: 6 to 8 minutes

Panzanella
1 large loaf (14 oz.) Tuscan or crusty bread, crusts removed, cut into ½-inch cubes (6 cups)
3 tablespoons red wine vinegar
½ teaspoon anchovy paste
½ teaspoon salt
¼ teaspoon freshly ground pepper
¼ cup extra-virgin olive oil
2 pounds plum tomatoes, finely chopped (5 cups)
1 small cucumber, peeled, seeded and finely diced
½ cup coarsely chopped fresh basil

1 tablespoon dried rosemary
2 tablespoons hot water
1 teaspoon olive oil
1 teaspoon minced garlic
¼ teaspoon salt
¼ teaspoon freshly ground pepper
2 top-loin steaks, boneless (½ to ¾ lb. each), ¾ inch thick
Fresh basil, for garnish

1. Heat grill.
2. *Make Panzanella:* Heat oven to 350°F. Spread bread cubes on large cookie sheet. Bake 10 minutes until lightly toasted; cool. Whisk together vinegar, anchovy paste, salt and pepper in large bowl. Gradually whi in oil to blend. Stir in bread cubes, tomatoes, cucumber and basil. Set aside.
3. Soak rosemary in hot water for 5 minutes. Drain and chop. Combin rosemary, oil, garlic, salt and pepper cup. Rub steaks with mixture.
4. Brush grill with oil. Add steaks an grill 3 to 4 minutes per side for medium-rare.
5. Transfer steaks to cutting board. With a sharp knife, cut each steak across the grain into ½-inch slices. Serve with Panzanella. Garnish with fresh basil, if desired. Makes 6 servi

PER SERVING		DAILY GOAL
Calories	540	2,000 (F), 2,500 (M)
Total fat	29.5 g	60 g or less (F); 70 g or less (
Saturated fat	8.5 g	20 g or less (F); 23 g or less (
Cholesterol	69 mg	300 mg or less
Sodium	1,119 mg	2,400 mg or less
Carbohydrates	39 g	250 g or more
Protein	30 g	55 g to 90 g
Calcium	114 mg	800 mg (F); 800 mg (M)

ANCHO EYE-ROUND ROAST WITH PARSLEY MASHED POTATOES

Roast beef is the leanest of all cuts beef, so go ahead and add it to you stash of healthy family menus. The ancho chili, oregano, cumin and cinnamon coating is only mildly spi and there are plenty of fluffy mashe potatoes to go around. *(contin*

Here's The Beef!

Confused about which lean cut is which? Just use our at-a-glance guide

1. Top-Sirloin Steak, Boneless (a.k.a. Boneless Sirloin Butt Steak, Top-Sirloin Butt Center Cut Steak)
2. Eye-Round Roast (a.k.a. Round Eye Pot Roast)
3. Round-Tip Steak (a.k.a. Beef Sirloin Tip Steak)
4. Top-Round Steak (a.k.a. Top-Round London Broil)
5. Top-Loin Steak, Boneless (a.k.a. Beef Loin Strip Steak, Boneless Club Steak)





Looks like you forgot something.



Just add 1/3 cup HERSHEY'S Cocoa to your favorite chocolate chip cookie recipe to get HERSHEY'S "Perfectly Chocolate" Chocolate Chip Cookies.

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Prep time: 20 minutes
Roasting time: About 1½ hours

Roast
- *2 large onions*
- *4 garlic cloves, crushed*
- *5 teaspoons olive oil, divided*
- *2 tablespoons red wine vinegar*
- *1½ teaspoons salt, divided*
- *2 teaspoons ground ancho chile powder**
- *1 teaspoon oregano*
- *½ teaspoon cumin*
- *¼ teaspoon cinnamon*
- *¼ teaspoon freshly ground pepper*
- *1 eye-round roast (3¼ to 3½ lbs.)*
- *Fresh oregano sprigs, for garnish*

Parsley Mashed Potatoes
- *2 pounds all-purpose potatoes, peeled and quartered*
- *2 teaspoons salt, divided*
- *½ cup milk*
- *2 tablespoons chopped flat-leaf parsley*
- *2 teaspoons extra-virgin olive oil*
- *¼ teaspoon freshly ground pepper*

1. Heat oven to 375°F. Cut each onion into twelve wedges. Combine onions, garlic, 2 teaspoons oil, vinegar and ½ teaspoon salt in large roasting pan. Combine ancho powder, oregano, remaining 1 teaspoon salt, cumin, cinnamon and pepper in cup. Brush roast with 2 teaspoons oil then rub with spice mixture. Place roast on top of onions in pan. Roast 45 minutes. Brush roast with remaining teaspoon oil. Roast 40 to 45 minutes more until meat thermometer inserted in center of roast reaches 135°F. for medium-rare. Remove roast from oven; cover loosely with foil and let stand 10 minutes.
2. *Make Parsley Mashed Potatoes:* Meanwhile, bring potatoes, 1 teaspoon salt and water to cover to boil in large saucepan. Reduce heat to medium and cook 15 to 18 minutes until fork-tender. Drain potatoes in colander and return to pan; break up with large spoon and cook over medium-low heat for 1 minute to dry. Stir in milk, parsley, oil, remaining 1 teaspoon salt and pepper until smooth.
3. Transfer beef to cutting board. Thinly slice across the grain. Serve with Parsley Mashed Potatoes and onions. Garnish with fresh oregano sprigs. Makes 6 servings.

*Available from Chile Today–Hot Tamale, 800-468-7377.

PER SERVING		DAILY GOAL
Calories	395	2,000 (F), 2,500 (M)
Total fat	15.5 g	60 g or less (F), 70 g or less (M)
Saturated fat	5.5 g	20 g or less (F), 23 g or less (M)
Cholesterol	65 mg	300 mg or less
Sodium	935 mg	2,400 mg or less
Carbohydrates	36 g	250 g or more
Protein	28 g	55 g to 90 g
Calcium	71 mg	800 mg (F); 800 mg (M)

The Leaner of the Pack

How do the top five leanest cuts of beef rate compare with fish, chicken, turkey or lamb when it comes to fat? The results may surprise you!

All portions are 3 ounces, trimmed of fat, cooked, edible portion.

Shrimp	**84 cal**	**0.9 g fat**
Skinless Turkey Breast	**115 cal**	**0.6 g fat**
Boneless, Skinless Chicken Breast	**140 cal**	**3 g fat**
Eye-Round Roast	**143 cal**	**4 g fat**
Top Round	**153 cal**	**4 g fat**
Round Tip	**157 cal**	**6 g fat**
Salmon, Coho*	**157 cal**	**6 g fat**
Top Sirloin	**165 cal**	**6 g fat**
Top Loin	**176 cal**	**8 g fat**
Bone-in, Skinless Chicken Thigh	**178 cal**	**9 g fat**
Loin Lamb Chop	**184 cal**	**8 g fat**
Center Rib Pork Chop	**186 cal**	**8 g fat**

*Salmons vary greatly in fat content and therefore in calories.

STUFFED TOP-ROUND STEAK WITH CHARD AND PROSCIUTTO

Here's a tender, flavorful steak that marinates and roasts in the same mixture of beef broth, tomatoes, balsamic vinegar and garlic.

Prep time: 30 minutes
Roasting time: 20 to 25 minutes

- *1 top-round steak (2 lbs.), 1½ inches thick*

Marinade
- *½ cup beef broth*
- *2 tablespoons balsamic vinegar*
- *1 tablespoon extra-virgin olive oil*
- *4 garlic cloves, crushed*
- *¼ teaspoon salt*
- *¼ teaspoon freshly ground pepper*

Stuffing
- *1 pound green or red Swiss chard, tough stems removed, leaves coarsely chopped*
- *2 teaspoons extra-virgin olive oil*
- *1 cup chopped onions*
- *2 ounces prosciutto or smoked ham, chopped*
- *1 tablespoon minced garlic*
- *¼ teaspoon salt*
- *¼ teaspoon freshly ground pepper*
- *¼ cup fresh bread crumbs*

- *1 can (16 oz.) whole tomatoes, drained and chopped*
- *8 ounces wide egg noodles, cooked according to package directions*

1. With one short end of steak facing you, cut a 3-inch-wide slit in center of steak with long, sharp knife. Work the knife toward the back of the meat, but not all the way through, to create a pocket.
2. *Make marinade:* Combine all ingredients in a shallow glass dish. Place steak in marinade, turning to coat. Let stand at room temperature 30 minutes, turning once.
3. *Make stuffing:* Meanwhile, heat a 12-inch nonstick, ovenproof skillet over medium-high heat. Add Swiss chard and 2 tablespoons water; coo 3 minutes until softened. Transfer t colander; push with back of spoon to remove excess liquid. Set aside. Wipe skillet dry. Heat oil over medium-high heat; add onions, prosciutto and garlic. Cook 3 to 5 minutes, until onions are softene Add salt and pepper. Transfer mixture to medium bowl; stir in Sws chard and bread crumbs. Remove steak from marinade; reserve remaining marinade. Carefully stuff pocket in steak with chard mixture.
4. Heat oven to 400°F. Heat same skillet over high heat 2 minutes. Add steak and brown 2 minutes per side. Add reserved marinade and tomatoes boil 1 minute. Cover skillet tightly wi foil and roast 20 to 25 minutes, until meat thermometer inserted in center reaches 135°F. for medium-rare.
5. Transfer meat to cutting board, cover loosely with foil and let stand 10 minutes. Bring sauce to boil in p over high heat; cook 2 minutes, skimming any fat that rises to the to Thinly slice meat across the grain; serve with noodles and sauce. Make 6 servings.

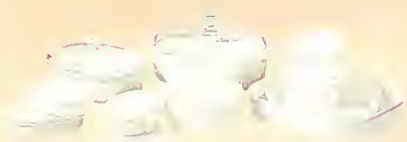
PER SERVING		DAILY GOAL
Calories	510	2,000 (F), 2,500 (M)
Total fat	21.5 g	60 g or less (F); 70 g or less
Saturated fat	7 g	20 g or less (F); 23 g or less
Cholesterol	136 mg	300 mg or less
Sodium	688 mg	2,400 mg or less
Carbohydrates	36 g	250 g or more
Protein	43 g	55 g to 90 g
Calcium	70 mg	800 mg (F); 800 mg (M)

Recipes by Jane Yagoda Goodman

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Campbell's Deep-Dish Chicken Pot Pie

ep Time: 10 min. Cook Time: 35 min.

ons (10 3/4 oz. each) Compbell's® Condensed Cream of
Chicken Soup or 98% Fot Free Cream of Chicken Soup
kg. (obout 9 oz. each) frozen mixed vegetobles, thawed
ups cubed cooked chicken
2 cup milk
gg
up Bisquick® Boking Mix

1. Preheot oven to 400°F. In CORNINGWARE® FRENCH WHITE® 2 1/2-qt. ovol cosserole mix soup, vegetobles ond chicken
2. Mix milk, egg ond boking mix. Pour over chicken mixture. Bake 35 min. or until golden. Serves 6.





Right: Warm and hearty Portobello Mushroom Sandwich from the tavern room at The White Hart, Salisbury, Connecticut. Below: Mascarpone Cheesecake is just one of the elegant desserts served at the Castle Hill Inn and Resort, Newport, Rhode Island

country inn

New England's inns are among its glories, known for their hospitality as well as their dining rooms. Here, the very best from several of the area's most notable chefs











Cooking

Left: Classic Corn and Lobster Chowder from the York Harbor Inn, York Harbor, Maine. Above: Luscious Stuffed Pork Loin with Red Currant Sauce from the Stonehurst Manor, North Conway, New Hampshire





FROM TOP: COURTESY OF STONEHURST MANOR; PETE CRABBE (2)

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Send us an example of an old favorite done in a whole new way and you'll be entered for a chance to win a day of beauty at a local spa valued at $250. Send your name, address and written example on a 3" x 5" index card to: Lean Cuisine Sweepstakes, Ladies' Home Journal, attn: Marivell Viruet, 125 Park Avenue, New York, New York 10017. Entries must be received by 11/15/97.

Official Rules: One entry per person. No responsibility is assumed for lost, late or misdirected entries. Sweepstakes is open to residents of the USA who are 18 years of age or older, except employees of Meredith Corp., Nestle USA, Inc., their agents, affiliates, subsidiaries, and members of their immediate families. The winner will be selected on or about 2/15/98 by a random drawing from all eligible entries received under the supervision of Meredith Corporation, whose decision is final. Winner will be notified by mail and prize delivered by 3/15/98. Prize awarded will be a $250 certificate at a spa of the winner's choice. Expiration of certificate is at discretion of the spa the winner chooses. Example of "old favorite done in a whole new way" not necessary for entry. One entry per person. Approximate retail value of prize, $250. Prize is not exchangeable or transferable and no cash substitution in lieu of prize. Winner will be required to sign an Affidavit of Eligibility and Release of Liability within 10 days of notification, except where prohibited by law. Subject to all federal, state and local laws and regulations. Void where prohibited or restricted. Applicable taxes are the sole responsibility of the winner. Odds of winning depend on number of entries received. For name of prize winner (available after 3/15/98), send a separate self-addressed, stamped envelope to: Lean Cuisine Sweepstakes Winner, LHJ, 125 Park Ave., New York, New York 10017.

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The White Hart

On the Green, Salisbury, Connecticut
800-832-0041
Entrées: $9.50 to $25.95
A classic country inn, The White Hart has guarded the green of its Litchfield Hills village for over a century, and the wicker-furnished front porch is the town's liveliest gathering place. When Terry Moore and Juliet Moore arrived in 1989, they renovated without losing the vintage charm. The tavern room is properly Colonial; the candlelit dining room is timelessly serene.

PORTOBELLO MUSHROOM SANDWICH

Portobello mushrooms are a great substitute for burgers when you want to skip the meat yet still enjoy a hearty sandwich. Heightening the flavor of the portobellos is balsamic vinegar that's cooked to a thick syrup.

Prep time: 30 minutes ◒
Grilling time: 15 to 18 minutes

Aioli
- *¼ cup olive oil*
- *1 large clove garlic*
- *¼ cup mayonnaise or salad dressing*
- *2 teaspoons fresh lemon juice*
- *½ teaspoon Dijon mustard*
- *½ teaspoon minced fresh rosemary*
- *⅛ teaspoon freshly ground pepper*

Balsamic Sauce
- *1 cup balsamic vinegar*
- *2 tablespoons sugar*
- *2 tablespoons water*

- *1 large onion, cut into thin wedges*
- *4 portobello mushroom caps (1¾ lbs.)*
- *½ teaspoon salt*
- *¼ teaspoon freshly ground pepper*
- *4 kaiser or other crusty rolls, toasted*
- *2 large bunches watercress (7 oz.) or chicory, stemmed*

1. *Make aioli:* Heat oil in small saucepan over low heat; add garlic and cook 4 to 5 minutes until softened (being careful not to burn garlic). Remove garlic with slotted spoon; remove oil and reserve. Mash garlic on board with side of knife and transfer to small bowl. Whisk garlic with remaining aioli ingredients in bowl until blended. Set aside.
2. *Make Balsamic Sauce:* Meanwhile, combine all ingredients in small saucepan; bring to boil. Reduce heat to medium-low and cook at a low boil 20 to 30 minutes, until reduced to ⅓ cup. Transfer sauce to small bowl scraping pan with rubber spatula.
3. Meanwhile, heat 1 tablespoon reserved oil in skillet over medium-hh heat. Add onion; cook, stirring, 7 to 8 minutes until golden brown.
4. Heat grill or grill pan. Brush mushrooms with remaining reserved oil; sprinkle with salt and pepper. G mushrooms 15 to 18 minutes, turni once, until tender. Cut into ½-inch-thick slices.
5. Spread 1 tablespoon aioli on bottom half of each roll. Divide mushrooms and arrange evenly on bottom of rolls. Top mushrooms wi onions, then watercress. Drizzle 1 t 2 teaspoons balsamic sauce over ea sandwich. Cover with tops of rolls. Makes 4 servings.

PER SERVING		DAILY GOAL
Calories	490	2,000(F), 2,500(M)
Total fat	27.5 g	60 g or less (F); 70 g or less
Saturated fat	4 g	20 g or less (F); 23 g or less
Cholesterol	8 mg	300 mg or less
Sodium	707 mg	2,400 mg or less
Carbohydrates	53 g	250 g or more
Protein	11 g	55 g to 90 g
Calcium	136 mg	800 mg (F); 800 mg (M)

York Harbor Inn

Route 1A, York Harbor, Maine
800-343-3869
Entrées: $16.95 to $24.95
The centerpiece of this century-old seaside inn is its cozy parlor, a 163 cabin once used to refit ships, with venerable beams and fireplace still intact. The Dominguez family, innkeepers since 1980, have maint an Early American look. A former porch is now the main dining roo and has a spectacular water view.

CORN AND LOBSTER CHOWDER

Chock-full of lobster, this elegant soup is rich, creamy and ever so filling. Substitute shrimp for the lobster if desired.

Prep time: 15 minutes
Cooking time: 30 minutes

- *3 tablespoons butter or margarine*
- *½ cup finely diced onion*
- *½ cup finely diced celery*
- *2 ears corn, shucked and kernels rem or 1½ cups frozen corn*
- *2 tablespoons flour*
- *1 bottle (8 oz.) clam juice or 1 can (13¾ or 14½ oz.) chicken bro water to equal 2 cups*
- *8 ounces red potatoes, scrubbed and*
- *¼ teaspoon salt*
- *¼ teaspoon white pepper*
- *¼ teaspoon thyme*
- *½ bay leaf*
- *8 ounces frozen lobster meat, thawed picked over and cut up (con*

Your favorite American recipes have been around for over a hundred years. Here's an update.



Favorites done in a whole new way™

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1½ cups heavy or whipping cream
2 tablespoons finely diced red pepper
2 tablespoons finely diced green pepper
Crusty bread

1. Melt butter in Dutch oven over medium heat. Stir in onion and celery; cover and reduce heat to medium-low. Cook vegetables 6 minutes until softened. Add corn; cover and cook 5 minutes more.
2. Stir in flour; cook, stirring, 1 minute. Add clam juice–water mixture, potatoes, salt, pepper, thyme and bay leaf. Bring to boil; reduce heat, cover and simmer 15 minutes, until potatoes are tender. Stir lobster, cream, and red and green peppers into soup; simmer 3 to 4 minutes more until lobster is cooked through. Remove bay leaf. Serve with crusty bread. Makes 6 servings.

Per serving: 38[illegible] calories, 18.5 g total fat, 11 g saturated fat, 124 mg cholesterol, 420 mg sodium, 22 g carbohydrates, 12 g protein, 90 mg calcium

Harraseeket Inn

162 Main Street, Freeport, Maine
800-342-6423
Entrées: $14.95 to $23.50
A 1790 homestead, an 1850 Greek Revival farmhouse and a modern addition have been combined to form this elegant country inn on five acres, boasting a dining room and a tavern, twenty fireplaces and lovely gardens out back. Innkeeper Nancy Gray has furnished the rooms with handsome antiques. Many guests head directly for L.L. Bean or the numerous discount outlets along Main Street.

MAINE CRAB CAKES WITH TOMATO CHUTNEY



Pureed scallops replace the usual binder of bread and egg in these delicate crab cakes. Diced sweet potato and red pepper add color and sweetness.

Prep time: 50 minutes
Baking time: 5 to 7 minutes

Tomato Chutney
2½ cups chopped fresh tomatoes
⅓ cup firmly packed brown sugar
¼ cup cider vinegar
1 tablespoon fresh lemon juice
1 tablespoon chopped fresh basil
1 teaspoon minced fresh ginger
½ teaspoon minced garlic
½ teaspoon salt
Pinch ground red pepper

Crab Cakes
½ cup peeled and minced sweet potato
1 teaspoon vegetable oil
2 tablespoons minced red pepper
¾ pound scallops
1 shallot, chopped
1 teaspoon minced garlic
2 tablespoons heavy or whipping cream
2 tablespoons minced green onions
½ teaspoon salt
¼ teaspoon freshly ground pepper
1 can (16 oz.) crabmeat, flaked and picked over

6 teaspoons vegetable oil, divided
Lettuce leaves
Thinly sliced fresh basil, for garnish

1. *Make Tomato Chutney:* Combine all ingredients in saucepan; bring to boil. Reduce heat; cook at a low boil 30 minutes until thick; set aside.
2. *Make crab cakes:* Meanwhile, combine sweet potato and 1 tablespoon water in 9-inch glass pie dish. Cover with plastic wrap, turning back one section to vent. Microwave on High 2 minutes until tender; drain and cool. Heat oil in small skillet over medium-high heat; add red pepper and cook 2 minutes until tender. Cool. Process scallops, shallot, garlic and cream in food processor until smooth. Transfer to medium bowl; fold in sweet potato, red pepper, green onions, salt and pepper. Fold in crabmeat.
3. Pat ¼ cup crab mixture into a 2½x½-inch-thick cake; transfer to large platter. Repeat with remaining mixture. Heat oven to 350°F. Heat 2 teaspoons oil in large nonstick skillet over medium-high heat. Add 6 cakes and cook 1 minute per side just until browned; transfer to cookie sheet. Repeat process 2 more times with remaining cakes and oil. Bake cakes 5 to 7 minutes until cooked through. Arrange on 6 serving plates lined with lettuce leaves. Serve with Tomato Chutney. Makes 6 servings.

Per serving: 270 calories, 9 g total fat, 2 g saturated fat, 101 mg cholesterol, 683 mg sodium, 21 g carbohydrates, 26 g protein, 121 mg calcium

Stonehurst Manor

Route 16, North Conway, New Hampshire
800-525-9100
Entrées: $13.95 to $22.75
Once the summer estate of carpet mogul Erastus Bigelow, this grand turn-of-the-century manor of cedar shingles and stone is tucked away amidst its own thirty-three acres of pine forest. Peter Rattay, owner for past nineteen years, has preserved th spacious rooms, stained-glass windo hand-carved oak woodwork and baronial fireplaces.

STUFFED PORK LOIN WITH RED CURRANT SAUCE

Stuffing the loin with apple-sage bre stuffing and roasting the meat with apple juice are the tricks to this succulent dish. Currant jelly and re wine simmer with the pan drippings the ruby-red sauce.

Prep time: 40 minutes plus standing
Roasting time: 60 to 75 minutes

Stuffing
¼ cup butter or margarine
1 cup diced onions
1 cup diced celery
1 tablespoon minced garlic
1 tablespoon minced shallots
1½ cups diced apples
1 teaspoon salt
¾ teaspoon sage
Pinch of freshly ground pepper
1½ cups apple juice
2½ cups prepared stuffing mix

Pork
1 boneless (2 to 2½ lbs.) pork loin
1 teaspoon minced garlic
½ teaspoon salt
½ teaspoon freshly ground pepper
1 cup apple juice
½ cup water

Red Currant Sauce
½ cup red wine
1 teaspoon minced garlic
1 teaspoon minced shallots
1 teaspoon grated orange peel
¼ cup fresh orange juice
3 tablespoons red currant jelly
2 teaspoons cornstarch
¼ cup port wine

Cooked sweet and all-purpose potatoe (optional)
Fresh sage leaves, for garnish

1. *Make stuffing:* Melt butter in la skillet over medium-high heat. Ad onions, celery, garlic and shallots. until onions soften, 3 minutes. Sti apples, salt, sage and pepper; cool 1 minute. Pour in apple *(cont*

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juice and cook until apples are tender, 3 minutes. Transfer to large bowl; add stuffing mix and toss. Cool slightly.
2. *Make pork:* Heat oven to 350°F. With a long sharp knife or butcher steel, make a 5-inch horizontal cut through the center of pork to the other end, twisting slightly to form a hole. Insert handle of large spoon into opening and gently move up and down to enlarge the hole. Fill the hole with 1 cup stuffing. Spoon remaining stuffing into a buttered 8-inch square baking dish.
3. Place pork in roasting pan; sprinkle with garlic, salt and pepper. Pour apple juice and water in bottom of pan. Roast 60 to 75 minutes until meat thermometer reaches 150°F. when inserted in center of pork. After pork roasts 30 minutes, place stuffing in the oven and roast 30 minutes until heated through.
4. *Make Red Currant Sauce:* Transfer pork to serving platter; keep warm. Strain pan drippings through strainer into small saucepan. Add red wine, garlic, shallots, orange peel and juice. Cook over medium-high heat until reduced by one third, 10 minutes. Add jelly and continue to reduce sauce to 1 cup, 8 to 10 minutes. Combine cornstarch and 2 teaspoons water in cup; whisk mixture into sauce. Boil 1 minute. Stir in port and simmer 2 minutes. Slice pork and serve with additional stuffing, sauce and potatoes. Garnish with sage, if desired. Makes 6 servings.

Per serving: 640 calories, 31 g total fat, 12.5 g saturated fat, [illegible] mg cholesterol, 1,080 mg sodium, 49 g carbohydrates, 37 g protein, [illegible] mg calcium

Inn at Thorn Hill

P.O. Box A, Jackson, New Hampshire
800-289-8990
Entrées: $15.95 to $22.95
A covered bridge leads the way into picturesque Jackson, a village in the heart of the scenic White Mountains, where Jim and Ibby Cooper are celebrating their fifth year as innkeepers. Their gracious 1895 home on a knoll, with striking vistas of Mount Washington, was designed by famed Gilded Age architect Stanford White. The Victorian decor is complete with lace curtains, oil lamps and period antiques.

CINNAMON-MAPLE APPLES WITH CARAMEL
Indulgent But Worth It

This wonderful recipe transforms simple baked apples into delicate fruit



pastries, with a flavor that will remind you of apple pie. Removing a strip of peel around the apples prevents them from bursting during baking.

Prep time: 1 hour plus chilling
Baking time: 18 minutes

Apples
- *8 small McIntosh or Golden Delicious apples (2½ to 3 lbs.)*
- *9 tablespoons pure maple syrup*
- *6 tablespoons butter (no substitutions)*
- *2 teaspoons cinnamon, divided*
- *2 packages (17¼ oz. each) frozen puff pastry, thawed*
- *1 large egg*
- *1 tablespoon sugar*

Caramel Sauce
- *6 tablespoons butter (no substitutions)*
- *½ cup firmly packed brown sugar*
- *½ cup light corn syrup*
- *½ cup heavy or whipping cream*
- *1½ teaspoons vanilla extract*

1. Line a large cookie sheet with foil. Cut a 1-inch-wide strip of peel around center of each apple; trim bottoms to stand upright. Remove ¾ of core from each apple, being careful not to cut through the bottom. Arrange apples on prepared sheet.
2. Combine maple syrup, 6 tablespoons butter and 1½ teaspoons cinnamon in small saucepan. Cook until butter melts; pour mixture evenly into apple cavities. Refrigerate apples 15 minutes.
3. Meanwhile, on a lightly floured surface, roll 1 puff pastry sheet into a 12-inch square. Cut pastry into two 6x8-inch rectangles. Place 1 apple in the center of each rectangle. Brush pastry edges with water and pull up corners, gathering and pinching pastry along the seams. Repeat process with remaining puff pastry and apples. Return apples to cookie sheet and refrigerate 1 hour.
4. Heat oven 450°F. Lightly beat egg and 1 teaspoon water in cup. Combine sugar and remaining ½ teaspoon cinnamon. Line a jelly-roll pan with foil and grease lightly. Place apples on pan; brush with egg wash. Prick pastry with tines of fork and sprinkle with cinnamon sugar. Bake 18 minutes u pastry is golden. Serve immediately with Caramel Sauce. Makes 8 servir
Caramel Sauce: Combine butter, sug and corn syrup in a medium saucep Simmer over medium-low heat, stirr occasionally, until mixture darkens a thickens, 10 to 15 minutes. Carefully in heavy cream and vanilla until smo

Per serving: 840 calories, 49.5 g total fat, 16 g saturated fat, 79 mg cholesterol, 379 mg sodium, 96 g carbohydrates, 7 g protein, 62 mg calcium

Castle Hill Inn and Resort

Ocean Drive, Newport, Rhode Islan
888-466-1355
Entrées: $18 to $42
Few Newport mansions can boast t vistas of this rambling gray Victoria perched on a forty-acre peninsula w towers gazing every which way out sea. It was built in 1874 by a noted scientist of the day, Dr. Alexander Agassiz. The parlor remains high Victorian, with Agassiz's antiques a elaborately carved mantel still in pl

MASCARPONE CHEESECAKE

This velvety smooth cheesecake wit gingersnap crust is the perfect do-a dessert. And the flavor is unforgett thanks to the addition of buttery-ri Italian mascarpone cheese and hon (Look for domestic mascarpone for best value.)

Prep time: 20 minutes plus chilling
Baking time: 55 to 60 minutes

Gingersnap Crust
- *1 cup gingersnap cookie crumbs*
- *3 tablespoons sugar*
- *4 tablespoons butter, melted*

3 large egg whites, at room temperatu
⅓ cup sugar
2 packages (8 oz. each) cream cheese
⅓ cup honey
½ cup mascarpone cheese or heavy cr
1 teaspoon vanilla extract

Glaze
- *1 cup sour cream*
- *1 tablespoon sugar*
- *1 teaspoon vanilla extract*

Fresh raspberries, for garnish

1. Heat oven to 325°F.
2. *Crust:* Grease and flour a 9-inch springform pan. Combine crumbs and sugar in bowl; stir in butter until crumbs are evenly moistened. Pat crumbs evenly ove bottom of prepared pan. Freeze 10 minutes.
3. Beat egg whites in mixer bowl medium speed until foamy. *(conti*

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Gradually beat in sugar, then gradually increase speed to medium-high and beat just until stiff peaks form. Set aside.
4. Beat cream cheese and honey in large mixer bowl on medium speed, scraping sides of bowl until smooth. Beat in mascarpone and vanilla. Gently fold in egg whites, one third at a time, just until blended. Pour batter over crust, smoothing top. Bake 50 to 55 minutes, until cake barely jiggles in center. Remove cheesecake from oven; reduce oven temperature to 300°F.
5. *Glaze:* Combine sour cream, sugar and vanilla in bowl. Immediately drop by tablespoons over top of cheesecake, then spread. Return to oven; bake 5 minutes more.
6. Cool completely on wire rack; refrigerate 3 hours or overnight. Run a knife around side of pan; remove ring. Garnish with raspberries, if desired. Makes 12 servings.

Per serving: 353 calories, 26 g total fat, 16.5 g saturated fat, 69 mg cholesterol, 224 mg sodium, 28 g carbohydrates, 5 g protein, 80 mg calcium

Inn at Sawmill Farm

Mount Snow Valley, West Dover, Vermont
802-464-8131
Entrées: $27 to $35
Architect Rodney Williams and his wife, Ione, an interior designer, have transformed a 1770 dairy farm into country elegance. An old barn was given new life, showing off its brick, stone and soaring beams. The sophisticated menus may be complemented by a selection from their wine cellar, which boasts 34,000 bottles from around the world. Nearby Mount Snow provides guests with golf and skiing.

APPLE-BRANDY CAKE



A delicate spice cake with apples, brandy, raisins and nuts that's perfect for dessert or with afternoon tea. The whipped cream is flavored with Grand Marnier, an orange-flavored brandy from France. Cost-saving tip: Purchase a miniature bottle of Grand Marnier at the liquor store, as you'll only need a small amount.

Prep time: 35 minutes ○
Baking time: 1 hour, 15 minutes

Cake

3 cups peeled, cored and chopped apples
⅓ cup brandy
3 cups all-purpose flour
2 teaspoons cinnamon
1 teaspoon baking soda
½ teaspoon nutmeg
½ teaspoon cloves
½ teaspoon salt
1 cup raisins
½ cup vegetable oil
2 large eggs
2 cups granulated sugar
1 cup chopped walnuts

Grand Marnier Whipped Cream

1 cup heavy or whipping cream
3 tablespoons confectioners' sugar
1 to 2 tablespoons Grand Marnier liqueur

1. Heat oven to 325°F. Grease and flour a 12-cup bundt pan. Combine apples and brandy in bowl. Whisk together flour, cinnamon, baking soda, nutmeg, cloves and salt in another bowl. Set both aside.
2. Combine raisins with enough hot water to cover in small bowl; let stand 5 minutes. Drain.
3. Beat oil, eggs and granulated sugar in large mixer bowl on medium speed 3 minutes. Reduce speed to low; beat in apples and brandy. Add flour mixture, raisins and walnuts and beat just until combined. Pour batter into prepared pan. Bake 1 hour, 15 minutes or until toothpick inserted in center of cake comes out clean. Cool cake in pan on wire rack 30 minutes. Invert cake onto rack. Cool completely. Serve with whipped cream. Makes 12 servings.
Grand Marnier Whipped Cream: Beat cream and confectioners' sugar in mixer bowl on medium-high speed to soft peaks. Beat in liqueur just until stiff.

Per serving: 545 calories, 24.5 g total fat, 7 g saturated fat, 63 mg cholesterol, 218 mg sodium, 77 g carbohydrates, 7 g protein, 45 mg calcium

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The mother-daughter team of Kat[illegible] and Gail Ryan are innkeepers at th[illegible] 1797 Berkshires farmhouse inn, st[illegible] with its original wide pine floorboa[illegible] and fireplaces, and furnished with [illegible] Americana such as braided rugs. F[illegible] dining rooms, three with fireplaces overlook ten acres of woodlands, a[illegible] pool, and flower and vegetable ga[illegible]

CAFÉ BRÛLÉE
(recipe page 202) •

Text by Eleanor Berman

LADIES' HOME JOURNAL Online

Make a visit Inside the Journal Kitchen at the new LHJ Online at

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You'll find A Month of Quick Cooking from our food editors: Thirty delicious and quick triple-tested recipes. And, we'll get you out of the grocery store as fast as we get you out of the kitchen: Once you choose the recipes you want to make, you can print out your personalized shopping list.

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JOURNAL SHOPPING CENTER

Food Journal Page 201 Café Brûlée: Green Florence in Amande Green by Raffla, 212-68[illegible] **Country Inn Cooking Page 210** Cheesecake: F[illegible] Rose Tiara by Gorham, 800-446-7426. damask napkin, Sander by Anichini, 802-88[illegible] Sandwich: Green linen napkin, Running S[illegible] Archipelago, 212-334-9460. **Page 211** C[illegible] Flatware, American Federal by Reed & Barto[illegible] 822-1824. Pork Loin: Green damask napkin[illegible] in tea green by Anichini. Candles, 6" ta[illegible] Oglethorpe green by Low Country Candles, 8[illegible] 0791. Sterling flatware, American Federal by[illegible] Barton. **Page 214** Crab Cakes: White linen na[illegible] towel, Grigliato and Marcello by Anichini. F[illegible] Cinnamon-Maple Apples: Fork, Woodwind [illegible] flatware by Reed & Barton. **Page 218** Appl[illegible] Cake: Card table, 19th-Century American [illegible] mahogany table by Israel Sack, Inc., 800-26[illegible]

ant to make your friends' jaws drop, pick up The Other White Meat® for

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time you have them over, MAKE the Joneses drool.



per 3 oz. serving Calories: 167, Protein: 24 g., Fat: 7 g., Sat. Fat: 3 g., Cholesterol: 65 mg., Sodium: 69 mg.
Handbook 8-10 (1991) ©1997 National Pork Producers Council in cooperation with the National Pork Board.

CARIBBEAN ROAST PORK LOIN

3-4 lb. boneless pork loin roast

2 t. olive oil

1 T. black pepper

1 t. nutmeg

1 t. cinnamon

—

Blend oil, pepper, nutmeg and cinnamon in small bowl. Rub mixture onto pork; cover completely. Place pork in shallow pan; roast in 350°F oven for 1-1½ hours or until internal temperature is 155°F. Remove pork from oven; let stand 10 minutes before slicing. Serves 10-12.

TASTE WHAT'S NEXT

pork

The Other White Meat®

Sweet and Spooky



Creepy Cookie Creatures



Devilish Chocolate Spider Cake

Peek-a-BOO! Fill your haunted house this Halloween with ghoulish goodies and terrifying treats, irresistible to hobgoblins big or small

○ Easy ● Challenging ▼ Low-fat
◒ Maderate ⏲ Microwave ▽ Low-calori
❄ Can be frozen up to 1, 3, 6, or 9 months

Creepy Cookie Creatures

Hungry trick-or-treaters will gobble u these buttery ginger concoctions! For cookie decorations, before baking, pierc a small hole through top of each with straw; then tie with string, decorate them and they're ready to hang.

Prep time: 25 minutes plus chilling
Baking time: 8 to 12 minutes per batc

4½ cups all-purpose flour
2 teaspoons ginger
1½ teaspoons cinnamon
1½ teaspoons baking soda
½ teaspoon cloves
¼ teaspoon salt
¾ cup butter or margarine, softened
1 cup firmly packed brown sugar
1 large egg, lightly beaten
¾ cup light molasses
Decorative Icing (recipe page 223)
Black coloring paste†

1. Combine flour, ginger, cinnamon, baking soda, cloves and salt in bowl. Beat butter and sugar in large mixer bowl at medium-high speed until lig and fluffy. Beat in egg and molasses. With mixer at low speed, gradually beat in dry ingredients just *(continue*

You can't scream with your mouth full.



Ghosts in the Graveyard

3 1/2 cups cold milk
2 pkgs. (4-serving size) Jell-O® Chocolate Flavor Instant Pudding & Pie Filling
1 tub (12 oz.) COOL WHIP® Whipped Topping, thawed
1 pkg. (16 oz.) chocolate sandwich cookies, crushed

Pour cold milk into large bowl; add pudding mixes. Beat with wire whisk 2 minutes. Stir in 3 cups of the whipped topping and 1/2 of the cookies. Spoon into 13 x 9-inch baking dish. Sprinkle with remaining cookies. Refrigerate 1 hour or until ready to serve. Store dessert in refrigerator. Makes 15 servings. Decorate with cookies (tombstones), candy and remaining whipped topping dropped by spoonfuls (ghosts). www.jell-o.com

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JELL-O INSTANT

Happy JELL-O ween!

Spook-tacular cupcakes, cookies and cake seem to lurk in the shadows and float in the dark



Spooky Ghost Cupcakes

SWEET AND SPOOKY
Continued

until blended. Divide dough into quarters and flatten into disks. Wrap and refrigerate 4 hours or overnight.
2. Heat oven to 350°F. Lightly grease 2 large cookie sheets. On a lightly floured surface with floured rolling pin, roll one disk ¼-inch thick (keep remaining dough refrigerated). Cut out shapes with 3-inch bat and ghost† or 2½-inch round cookie cutters. Transfer to prepared sheets. Bake 8 to 12 minutes until edges are lightly browned. Cool on cookie sheets 1 minute, then transfer cookies to wire racks to cool completely. Repeat rolling and cutting remaining dough and scraps. Decorate as desired. Makes about 24 bat or ghost cookies or about 4 dozen 2½-inch round cookies.
† SEE PAGE 223

Per cookie without icing: 205 calories, 6.5 g total fat, 4 g saturated fat, 24 mg cholesterol, 170 mg sodium, 34 g carbohydrates, 3 g protein, 37 mg calcium

Devilish Chocolate Spider Cake

Food Editor's Favorite

Beware of the peppermint black-widow spider spinning its web! It covers the best devil's food layer cake ever—with velvety smooth chocolate–cream cheese frosting.

Prep time: 45 minutes plus decorating
Baking time: 40 minutes

2½ cups all-purpose flour
¾ cup unsweetened cocoa
1½ teaspoons baking soda
¼ teaspoon salt
1½ cups butter or margarine, softened
1¾ cups granulated sugar
3 large eggs, at room temperature
1 teaspoon vanilla extract
1½ cups buttermilk

Chocolate–Cream Cheese Icing
¾ cup unsalted butter (no substitutions), softened
4 ounces cream cheese, softened
2½ cups confectioners' sugar, sifted
3 ounces unsweetened chocolate squares, melted and cooled
1 teaspoon vanilla extract

2 ounces white chocolate squares
1 ounce semisweet chocolate square
1½-inch peppermint patty

1. Heat oven to 350°F. Lightly greas and flour two 9-inch round cake pan Sift flour, cocoa, baking soda and sal together in bowl. Set aside.
2. Beat butter and granulated sugar i mixer bowl at medium-high speed until light and fluffy. Add eggs, 1 at time, beating well after (continue

a Halloween special offer

Our new Haunted Gingerbread House Kit makes a great centerpiece and is guaranteed to help any Halloween spirits rise to the occasion! The kit comes with seven cookie cutters, full-sized patterns, recipes for gingerbread and frosting, and the candies for the roof and gum for the shutters. The easy-to-follow instructions help you with the assembly. You need only supply everyday ingredients. Start your own Halloween tradition. Designed exclusively for *Ladies' Home Journal*® readers, this kit sells for $39.95*.

TO ORDER: Send your name and street address along with a check or money order to: LHJ Resources, Dept. L1097, P.O. Box 9381, Des Moines, IA 50306-9381. MasterCard and Visa users may call 800-763-6393. Please specify product.

*Plus $5.95 for tax, handling and three-day FedEx shipping.



ET AND SPOOKY

ued

ıddition. Add vanilla. With mixer
' speed, add dry ingredients
ately with buttermilk, beginning
ıding with dry ingredients, until
ed. Spread batter in prepared
bake 40 minutes until toothpick
d in center of cakes comes out
Cool in pans on wire rack
nutes. Run small knife around
f pans. Invert and remove pans;
ompletely.
ke Chocolate–Cream Cheese Icing:
utter and cream cheese on
m speed in large mixer bowl
mooth. Beat in confectioners'
Gradually beat in cooled
ate and vanilla; increase speed to
m-high and beat 1 to 2 minutes
ıntil light and fluffy.
e one cake layer on plate and
with 1 cup icing. Top with
layer and spread sides and top
maining icing.
t white chocolate in heavy-duty
ble plastic bag on 50% power
nds; squeeze until smooth. Snip
corner and pipe spider web
p and side of cake. Melt
eet chocolate in another
ble plastic bag; cool 2 minutes.
eppermint on top of cake. Pipe
chocolate dots for eyes, then
sweet chocolate dots for pupils
e 8 legs. Makes 12 servings.

g: 735 calories, 45 g total fat, 27 g saturated fat, olesterol, 517 mg sodium, 82 g carbohydrates, .76 mg calcium

oky Ghost cakes

'atch out for those eerie
ıallow ghosts rising from our
nd spicy pumpkin cupcakes!

ne: 20 minutes plus decorating
time: 20 to 22 minutes ○

all-purpose flour
ons baking soda
on baking powder
on salt
oons cinnamon
on ginger
on cloves
utter or margarine, softened
ranulated sugar
rmly packed brown sugar
ggs, at room temperature
nned pumpkin
ilk
ade Marshmallow (see page 202)
*pumpkin edible candies**

oven to 350°F. Line twenty-
-inch muffin-pan cups with paper liners. Sift flour, baking soda, baking powder, salt, cinnamon, ginger and cloves together in bowl.
2. Beat butter and sugars in large mixer bowl at medium-high speed until light and fluffy. Add eggs, 1 at a time, beating well after each addition. Beat in pumpkin and milk. Gradually add flour mixture just until blended.
3. Spoon about ¼ cup batter into each prepared muffin-pan cup. Bake 20 to 22 minutes, until toothpick inserted in center of one cupcake comes out clean. Cool in pans on wire racks 5 minutes. Remove cupcakes from pan and cool completely.
4. Prepare marshmallow; let stand in bowl 5 minutes. Fill large pastry bag fitted with ¾-inch round tip with marshmallow. Pipe a high peak on top of each cupcake; pipe small peaks on side for hands. Decorate with candies for eyes and mouth. Makes 22 cupcakes.

Per cupcake without candies: 255 calories, 5 g total fat, 3 g saturated fat, 41 mg cholesterol, 239 mg sodium, 50 g carbohydrates, 3 g protein, 38 mg calcium

Decorative Icing

Total prep time: 10 minutes ○

1 box (1 lb.) confectioners' sugar
3 tablespoons meringue powder or 3 large egg whites*
6 tablespoons cold water

Combine all ingredients in large mixer bowl. (If using egg whites, *substitute ½ teaspoon cream of tartar* for the meringue powder and omit the cold water.) Beat at medium speed until smooth. Increase speed to high and beat 5 minutes until thick (adding up to 1 tablespoon more cold water for piping consistency, if necessary). Store in tightly covered containers up to 3 days. Makes 2¾ cups. ●

* AVAILABLE FROM WILTON ENTERPRISES, 800-794-5866

Recipes by Michele Peters

LHJ Special Offer

To make our Creepy Cookie Creatures on page 220, a set of black coloring paste and copper cutters to make bat- and ghost-shaped cookies is available by special arrangement with New York Cake & Baking Distributors and Wilton Enterprises. The set sells for $34.95, which includes shipping, handling and applicable sales tax.

TO ORDER: Send your name and street address along with a check or money order to: *Ladies' Home Journal*® Resources, Dept. L1097, P.O. Box 9381, Des Moines, IA 50306-9381. MasterCard and Visa users may call 800-763-6393. Please specify Creepy Cookie Package.

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AVON

You Asked For It



Dear LHJ,
The Biltmore Grill and Patio at the Arizona Biltmore Hotel, in Phoenix, serves an outstanding Walnut Fudge Brownie Pie. Can you get the recipe?
—Ruth Chase, Sunnyvale, California

Striking It Rich

It's the ultimate brownie, topped with ganache—a rich chocolate icing—served with caramel sauce.

WALNUT FUDGE BROWNIE PIE WITH CARAMEL SAUCE

1. Heat oven to 325°F. Grease a 10-inch springform pan. Lightly coat pan with *unsweetened cocoa*; tap out excess.
2. Combine *1¾ cups all-purpose flour*, *¾ cup unsweetened cocoa* and *½ teaspoon salt* in bowl; set aside. Beat *1 cup butter, softened*, and *1¾ cups sugar* in mixer bowl until light and fluffy. Beat in *⅔ cup light corn syrup*. Add *3 large eggs*, 1 at a time, beating well after each addition. At low speed, beat in dry ingredients alternately with *¼ cup milk*. Stir in *2 cups chopped walnuts*.
3. Spread batter in pan. Bake 55 to 60 minutes, until toothpick inserted 1 inch from edge of pan comes out clean. Cool completely on wire rack, 1½ hours.
4. *Ganache:* Meanwhile, bring *1 cup heavy cream* to a boil in saucepan. Remove from heat and stir in *1 package (8 oz.) semisweet chocolate squares, chopped*, until melted. Cool completely.
5. Remove ring from springform pan. Place cake on a plate. Tuck four strips wax paper under cake. Pour all the ganache over top; spread with metal spatula to cover top and side of cake. Let stand until set. Serve cake with *prepared caramel sauce* and *whipped cream*. Makes 16 servings.

Our logo symbolizes 114 years of first-rate delicious recipes, triple-tested in the LHJ kitchen, and our commitment to quality as we bring dependable information—and tastes—to your table

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Here is a listing of recipes in this issue. Advertisers' recipes are underlined.

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FUNNY GIRL

Continued from page 181

Big Sur; we can drive there.' And then that became, 'Let's go to a hotel here in town.' So we drove to the Four Seasons Hotel, checked in, came home to have dinner with Henry and then went back there to sleep. And that was our idea of really exciting."

Before giving birth to Charlie, Louis-Dreyfus managed to squeeze in her second Woody Allen movie, *Deconstructing Harry*, due out this fall. In 1986, she had a role in *Hannah and Her Sisters*. "Barely," she corrects. "I had the teeniest little nothing part. I was very intimidated to be near Woody. It was like meeting a Beatle," she says. "Now that I've gotten older, I'm more confident."

But don't expect the show that gave her that confidence to spin off her own sitcom, *Elaine!*, as rumored. "The characters have to be with each other in order to work," she says. Besides, the actress has her eye on one project that the bigge heavyweight in Hollywood won't able to wrestle away from her. "A ter *Seinfeld*, I'm going to take a l hiatus and focus on being a m at home," she says, checking h watch, clinking down her coffee c and scurrying back to her vacat house in time for Charlie's m afternoon feeding.

Not that her comedic skills will to take a break with her. "Julia le message on my machine the ot day saying, 'Sorry it's taken two d to get back to you, but—' and started this somber monologue ab Charlie's night feedings and Hen meltdown at camp," explains Bowl Reyer. "And then she just stopp and started yelling, 'Help! He Help me get the heck out of he doing her I'm-stranded-on-a-des island routine." She chuckles. "A then she burst into laughter." •

Melina Gerosa is the entertainment editor of Ladies' Home Journal.



"blah, blah, blah" into "yippie ay yay."

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TRAVEL PLANNER

THE HEALER

Continued from page 187

difficult, and I said so. But it was comforting to have Julie there; I was much less frightened of the surgery."

The first two days after the heart transplant, Maggie says she felt surprisingly good. On the third day, when she did feel ill, Motz gave her an energy-healing session. "She told me my new heart was very frightened and that I needed to talk to it, to bring it comfort. She said I should tell it that I would cherish it," says Maggie, who is well aware of how strange this sounds. Nonetheless, she did as Motz instructed, "and, you know," she says, "it worked."

Maggie met Motz in 1995 when she became a patient in a clinical-research study at Columbia-Presbyterian, where Motz was a volunteer. A fifty-year-old teacher from Long Beach, New York, Maggie suffered from cardiomyopathy (a chronic disorder of the heart muscle that can lead to heart failure) and desperately needed a transplant. While she waited for a donor heart to become available, she was hospitalized and hooked up to a left ventricular assist device (LVAD), a huge machine that made her entire body vibrate every time it helped her heart beat.

The pump of the LVAD, which weighed almost two pounds, was implanted in Maggie's chest cavity. "It pressed on my lungs and caused constant pain," she says.

When Motz began her energy-healing techniques, Maggie says she felt a difference. "Julie often helped me visualize finding sufficient space in my body for the mechanical pump. Her therapy diminished the pain temporarily. I also felt less scared."

Motz's work is slowly winning over some once-dubious doctors. "I wish I could tell you that I understand what Julie does, but I don't," says Michler, who has worked with Motz during some thirty heart surgeries. "That's why we're conducting this research study. Preliminary findings show that *(continued)*

there was less bleeding in those patients who received this kind of 'positive energy.' "

Michler says that during surgery, Motz would describe each step to the patient. Was he skeptical? "There were times when I'd chuckle," he admits. "But when I'm in the midst of doing a transplant, I can't focus on the patient's comfort level, so it is nice to have someone who can."

Michler acknowledges that some members of his surgical team thought it was "silly" to have a healer present. "Julie is out at the edge of the envelope," he says. "But as scientists, we need to have open minds. After all, medicine is not an exact science. It's an evolving field."

The mind-body connection

When Linda Russo Carco was told she needed a complicated and very risky type of spinal surgery, she was "very, very nervous." Then a friend told her about Julie Motz. "Since so many things could go wrong with my surgery, I thought, Why not?" says Linda, a fifty-one-year-old public-relations director in New York City.

Linda had a rare condition called basilar invagination that went undetected until last year. Her odontoid bone, which helps connect the skull to the spine, was displaced and her brain stem was protruding into her spinal cord, causing pressure on her brain. As the condition progresses, patients experience a weakness in their limbs and lose the ability to eat and breathe. Eventually, they can become quadriplegic or even die.

Linda's doctors told her she would need extremely delicate brain-stem surgery. Al de los Reyes, M.D., vice chairman of neurosurgery at Beth Israel Medical Center, in New York City, explained that the surgeons would remove part of her spine and skull; in a second operation, they would stabilize her spine. But the was a possibility of brain damag even death, from the surgery.

With so much at stake, Linda c cided to give energy healing a t For about an hour, Motz perform acupressure on Linda, who fou herself becoming completely cal "Julie has a way of making on body aware of its ability," she sa "I knew then that everything wo be fine during surgery."

As she does with all her surgi patients, Motz took Linda throu a step-by-step description of t surgery. She insists this is imp tant; otherwise, she says, the b is in a "state of shock, and t brain is furious that it hasn't b told what to expect."

On the day of Linda's surge Motz met her outside the operat room and began talking quietly her. By the time she'd finished, L da was so calm that one doctor lieved she'd been anesthetiz "After surgery, instead of that p icked feeling I've had before, I w up feeling warm and comfortab Linda says. "I knew everything gone beautifully."

Her recovery seems to bear t out. From the first, Linda had m less postoperative pain than she told to expect and now feels " hundred percent."

"I think what Julie did contribu a lot to my getting well," she s "She made me feel confident I c get through [the surgeries] just And now everybody is amaze how well I'm doing."

De los Reyes is also impres with Motz's work on Linda. "It a very big operation, with substa discomfort and pain. But Li bounced back twice as fast as exp ed." What was Motz's contribu to this? "I think it was very p tive to have her involved," de Reyes says. "Personally, I'm rece to anything that makes patients r comfortable, because that is pa the healing process." ●

Jan Goodwin is a former executive editor of Ladies' Home Journal.

Does energy healing really work?

DESPITE THE EXPERIENCES of the two women in our story and the testimonies of their doctors, the jury is still out on energy healing. Some medical organizations consider the practice nothing more than quackery. "One hundred years ago, energy healing would have been called voodoo or witchcraft," says Victor Herbert, M.D., J.D., spokesperson for the National Council Against Health Fraud, a privately run nonprofit corporation in Loma Linda, California. "Today, it's known as alternative healing. The public is gullible, and doctors are jumping on the bandwagon because it brings in business." The American Medical Association takes no official position on energy healing, but says that there is no scientific evidence that energy transfer from one person to another actually takes place.

HOWEVER, NEW RESEARCH by Linda Russek, Ph.D., a research psychologist at the Harvard University Student Health Service, in Cambridge, Massachusetts, and Gary Schwartz, Ph.D., a professor of psychology, neurology and psychiatry at the University of Arizona, in Tucson, suggests one possible scientific theory of how energy healing works. "All living matter generates electromagnetic energy," explains Schwartz. "And we have measured how the electrical impulses from one person's heart can register in the brain waves of another person three feet away. It is very possible that we will discover that mind-body medicine is really mind-body-energy medicine."

But given that there is as yet no definitive proof that energy healing is effective, any patient interested in using a healer during surgery should proceed with caution. Julie Motz advises looking for a practitioner with previous operating-room experience. Several hospitals across the country are experimenting with using healers in the operating room, including Beth Israel and Columbia-Presbyterian in New York City, and California Pacific Medical Center in San Francisco. Healers generally charge between $100 and $125 an hour, which is not covered by health insurance. —J.G.

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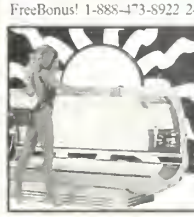
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Continued from page 199

recognize her or Jessica. When they do, "they just ask, 'How's she doing?'" says Cissy.

There is one decision Cissy made shortly after the rescue that she now wishes she could change: the tubal ligation she had. "I wish that Tim and I could have a child together," she says. There's no chance of that because she had a hysterectomy four years ago.

Cissy says she had the tubal ligation partly for physical reasons; her pregnancy with Jessica had been a difficult one. But mainly, she worried whether she'd ever be able to give another child all that Jessica had. There would be no trust fund this time around, and she feared that a second child would always live in Jessica's shadow.

"Now I know that's not true," says Cissy. "We don't have a lot, but we're happy. I think love makes up for anything."

A difficult lesson

In the decade since the rescue, both Chip and Cissy say they've lost track of many of those who worke hard to free their daughter. Pe one of the most painful lessons c cost of fame came in April 1 when Robert O'Donnell, the medic who pulled Jessica to s committed suicide. Although the dia suggested O'Donnell's death connected to the attention h ceived after the rescue, Cissy Chip have heard the paramedic personal problems. But Chip a that O'Donnell did seem to h difficult time adjusting after the light moved on to the next event. "I think it affected Robert explains. "The fame was very in tant to him."

Later that afternoon, Cissy her thoughts in more basic tern wish I had known he was h problems," she says. "I would wanted to help him."

Just then, Jessica streaks th the dining room. The two chili and chips she devoured at lunch a memory, she rummages th the refrigerator for a snack.

"You'll spoil your dinner," calls out. "Jessica!"

The refrigerator door slams and Jessica hugs her mother l scampering off to the bedroo play Barbies with Christina.

"I guess what the accident me more than anything else i it's a mistake to take childre granted," says Cissy, tears well her dark eyes. "You're just no when something can happen an can lose someone you love."

Where will Cissy and Jessica October 14, the tenth annivers the accident? At home, doing much what they're doing today, insists. "But inside I'll know very special day," she says, p her hand on her chest. "In my I'll thank everyone for ever they did to save my little girl. will always be my miracle." ●

Kathryn Casey, a contributing ed of Ladies' Home Journal, has bee following the Jessica McClure sto it happened. She wrote about it f Journal in 1988 and 1992.

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industry action," says H. Robert Wientzen, president of the DMA. Responds Klaas: "If we wait until we have a tragedy to do something about this, we'll just have another piece of legislation named after a dead child, and there are already too many of those."

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It's no longer necessary for a thief to steal your purse or wallet to gain access to both your bank and charge accounts. Today, con artists need nothing more than your Social Security or driver's license numbers to invade your finances, as Glenda Calloway, forty-six, of Upland, California, found out in 1994, when her local supermarket refused to honor her check because the security service to which the supermarket subscribed listed her as passing bad checks. That's when Glenda discovered that another woman had obtained her driver's license number and used it to apply for a new license—complete with a new photo—claiming the original had been lost. The impostor then used the license as *(continued)*

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ntification at an auto dealership, ere she inquired about leasing a and thereby retrieved a copy of nda's credit report. The report e her access to Glenda's Social urity and credit-card numbers, ich she used to charge $31,000 rth of various products under nda's name.

Under federal law, Glenda's fi- ncial liability was limited to $50. after spending endless hours fil- police reports at precincts in h of the areas where her card used, calling creditors and cred- ureaus and plowing through lay- of bureaucracy at the partment of Motor Vehicles, she her job as a quality inspector at ens company. For the nearly ee weeks it took to get a new er's license, she was unable to h checks, and only now, three rs later, is her credit report final- straightened out. "I was floored how easily this can happen and hard it is to undo," she says.

The increasingly widespread use of ial Security numbers as identifica- , along with tremendous expan- n in the availability of credit orts (three national credit bureaus many local ones collect informa- on everything from bill-paying its to income from employers and litors), has led to a rise in inva- ns of financial privacy. What's e, some credit bureaus sell infor- ion from your credit report, in- ling unlisted telephone numbers, h dates, Social Security numbers mothers' maiden names to direct keters. In an attempt to prevent n practices, Senator Dianne Fein- n (D.-California) and Representa- Jerry Kleczka (D.-Wisconsin) oduced the Personal Information acy Act in Congress this year.

ecure Medical Records

lically, there's a federal law that vents your local video store from closing which videotapes you've ed, but there are no legal safe- rds protecting the intimate details in your medical records. Medical files—including handwritten notes by psychiatrists and other doctors—may be legitimately viewed by insurance companies, HMOs and your employer. Data from your records may also be released by insurance companies to third parties, such as consulting firms doing research on how to curb health-care costs. Yet more than half of the states in the U.S. do not guarantee *you* the right to see your own medical files.

New legislation will make your private medical information even more public. The Kassenbaum-Kennedy health-care bill passed by Congress last year contains a provision requiring the creation of a national computerized network for sharing and storing patients' health information. The result would make your complete medical record accessible, in much the same way that your credit report is, in order to streamline administrative and billing procedures for insurers, HMOs and Medicare. "It's bad enough when you think of how much privacy you've lost with strangers knowing what you've bought at the grocery store, but now everything you say to a doctor may be available in a computer file, too," says Denise Nagle, executive director of the National Coalition for Patient Rights, a consumer advocacy group in Lexington, Massachusetts.

In fact, there have been several documented cases in which people have deliberately sought access to sensitive medical records for their own gain. For instance, in a case reported in the *New England Journal of Medicine* in 1995, a Maryland banker serving on a state health commission cross-referenced a list of cancer patients in his area against a list of people who had outstanding loans at his bank, and then called in those particular loans. That same year, Mark Farley, a child rapist out on parole, who was working in a maintenance job at a Boston hospital, allegedly used another employee's password to get into the computer system. He supposedly culled the names and phone numbers of young female patients from their medical records, and has been charged with placing obscene phone calls to the girls, all under age sixteen.

Denise Nagle and other consumer advocates argue that medical-record confidentiality must be guaranteed by federal legislation that requires explicit informed notice and consent by patients each time their health information is released, and that all identifying information be removed from records released to third parties for research purposes.

Technological changes also must be incorporated to shore up the security of medical records, advises Paul D. Clayton of the National Research Council, a Washington, D.C.–based committee comprised of scientists, physicians and engineers who advise the federal government on science and technology issues. "Solutions are available to make electronic records even more secure than paper records, including electronic audit trails that can track every access to a medical record, backed by tough penalties for violators of privacy," he says. "But today, there are no strong incentives to safeguard patient information because patients, industry groups and government regulators aren't demanding protection." ●

A federal law prevents your local video store from disclosing which videotapes you've rented, but there are no safeguards protecting your medical records



The author, happily waiting to use the phone

Growing PAINS

What could be worse than a teenager who's on the phone all the time? A teenager who gets no calls

By Jacquelyn Mitchard

I just had to yell at my fourteen-year-old son for talking on the phone too long.

It was such a relief, I can't tell you.

Our older daughter was so sought-after, she could have used a social secretary by fifth grade. But her brother is another story. Smart and insecure, shy in a way he covers up with sarcasm, he spent a record two years without a single birthday-party invitation.

Now, I wanted to give my children the same lessons you did yours. Don't follow the crowd. Pay attention to the opinion of the person in the mirror.

And yet there have been moments when I would have cheerfully eaten all those idealistic words with ketchup to spare my children's hearts. I can summon an instant headache recalling the time my son ran into a playmate's party at a local pizza parlor. "Hi!" my son said, smiling. "Why didn't you invite me?"

"Only smart people can come," said the other boy.

"Kids," said his mother, rolling her eyes at me over her son's head. My reaction was cool and measured. I wanted to blow them both up.

You don't need a psychiatrist to analyze why I react so passionately when my children experience rejection. Even Sigmund Freud's receptionist would spot instantly that I had been a teenage outcast. I was the equivalent of Pluto in the social solar system until age sixteen or so, when the feminist movement gave girls permission to have opinions and most of my body parts finally came into alignment.

Even then, I was only a renter in the suburbs of popularity, not a permanent resident.

Having eyes and ears, of course, I could tell that my classmate Roxanne Milette looked like Pizza Waitress Barbie and had a voice like a busy signal. I could tell that her charm would be short-lived and that I would come into my own and stay there long after Roxanne's firecracker had fizzled.

But it never crossed my mind that my children would experience friendlessness. When told my son my ow story, pointing out tha I'm now a successfu woman with man wonderful friends, h just looked at me an said, "So you are say ing if I wait thirt years, everything wi be all right?"

And I had to adm that I can think Roxanne and her thre best friends calling th radio station to ded cate songs like "Mo ster Mash" to me, ar it still cuts my heart ways the most vicio rejection from a pu lisher never could.

Believe me, I w vered—I actually co sidered telling my s to look at other ki and do the things th like to do. But th would have been tantamount to a vising him to just say yes—to tre computer games today, cigaret and beer tomorrow. In the en guess I was saying that there's alternative to simply staying your and hanging on until the comp tion gets winded.

More important, he really bou all that stuff about marching t a different drummer. And so do I.

Nonetheless, the other day, w I saw he needed two sheets of pa to write down the phone num of his friends, I wanted to go into the street and buy roses passing strangers. It was true: S people have to grow into their sonalities. When they do, all is w

And then I remembered I h four more children. •

Jacquelyn Mitchard, author of "T Deep End of the Ocean," is a contributing editor to LHJ.

ES' HOME JOURNAL
November

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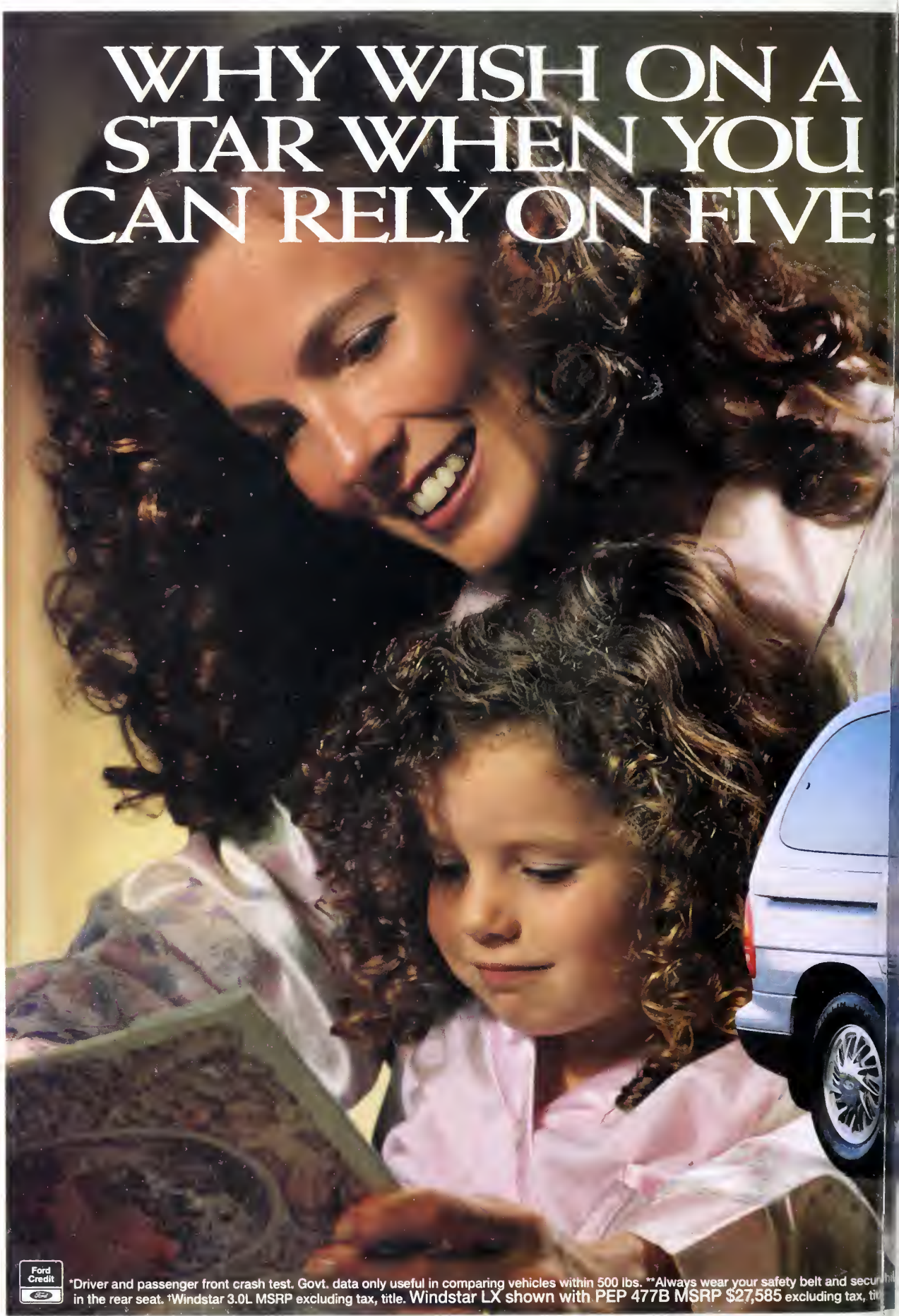
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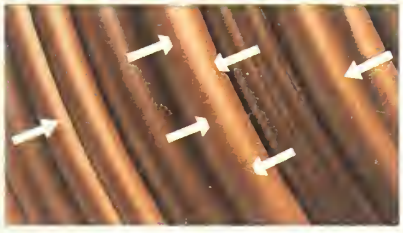
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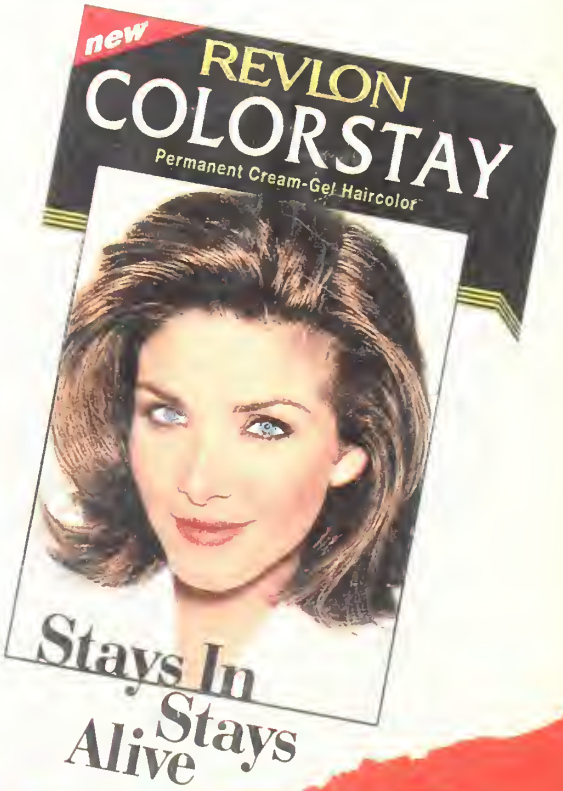
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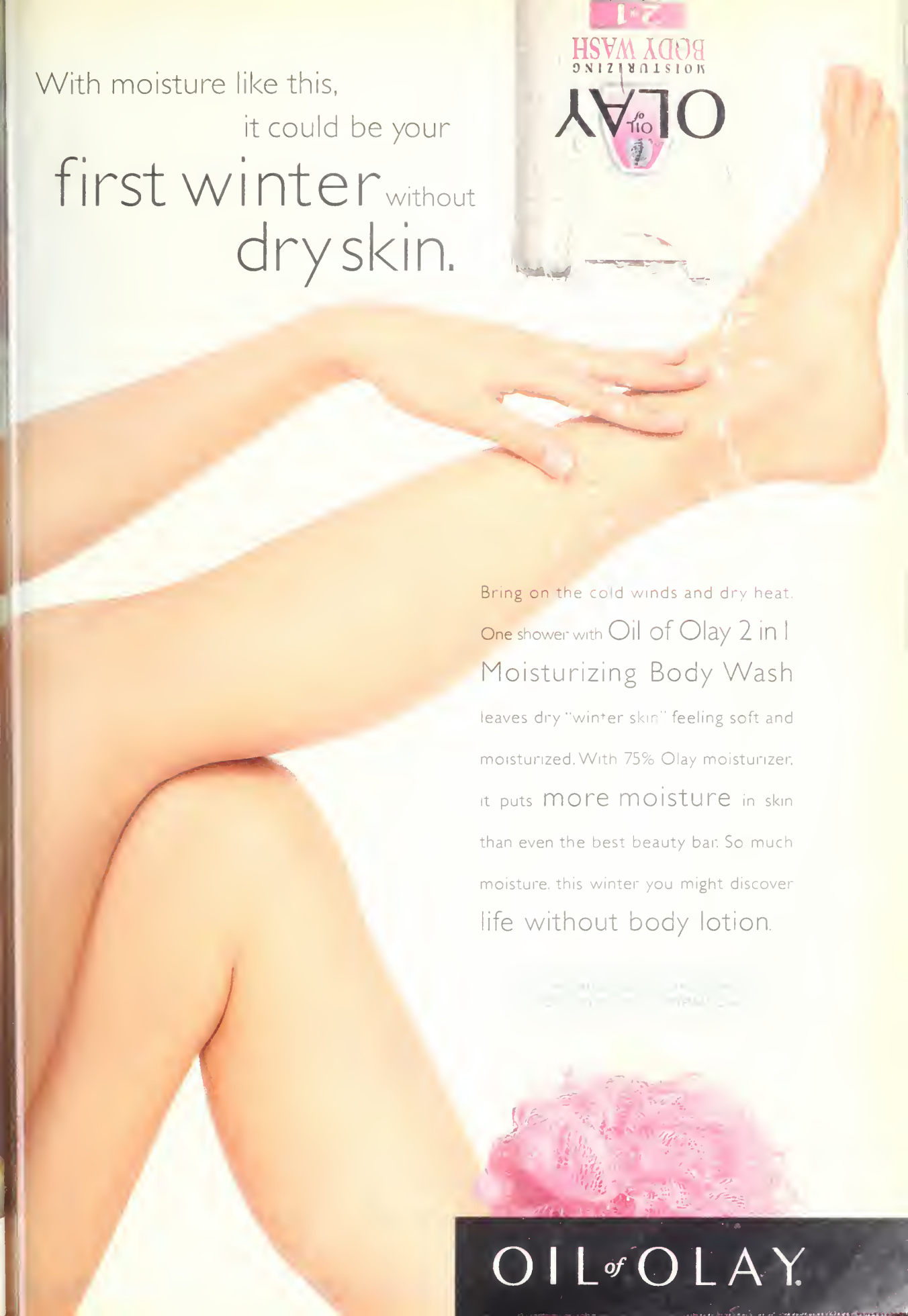
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SUSAN SARANDON, A CLASS ACT

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The best of the best



There are lots of reasons we are calling this issue the Best of the Best. First of all, you may note from its heft that it is our largest issue of the 1990s—and the second-largest issue in our 114-year history. But it is not only quantity but quality that makes it so special, because it is full of an enormous variety of fascinating and valuable features.

For example, we are proud of our very special report, "The Best Cities for Women." Service Director Margot Gilman worked long and hard and carefully to compile this important listing of how our top two hundred cities rate. Perhaps you'll find the town you live in on page 199.

I'm also delighted to announce that interior designer and author Chris Casson Madden, who you may have watched working her decorating magic on *The Oprah Winfrey Show*, has become LHJ's new contributing home design editor. We have an excerpt from Chris's new book, *A Room of Her Own*, in this issue, including a rare glimpse of one of Oprah's favorite rooms, on page 222.

I also enjoyed finding out from our readers what their favorite beauty products and fashion items really are. (See "Readers' Choice Awards" on page 214.) And I loved photographer Francesco Scavullo's pictures of some of America's best-known and best-loved faces (page 226). Note, too, some top-of-the-line advice on parenting from best-selling author and LHJ contributing editor Jacquelyn Mitchard, as well as an important health piece every woman should read on diabetes, a disease that deserves far greater attention. All through the magazine there are exceptional stories, ideas, tips, techniques, strategies and recipes, in addition to interviews with a variety of unique women who are truly class acts.

Altogether it's quite an issue, and we hope that it informs, entertains and inspires you, the best of the best readers.

MYRNA BLYTH
Editor-in-Chief

100 Most Important WOMEN



Mother Teresa worked tirelessly to ease suffering



Mother Teresa 1910–1997

Born in Albania, she entered the Sisters of Loreto at eighteen and was soon posted to India. For nearly two decades she taught geography and history to upper-class girls—a job she loved but grew to believe provided insufficient service both to God and her fellow man.

Heeding "the call within a call," she left the convent to help the poor while living among them. She founded the Order of the Missionaries of Charity in 1950, dedicated to the alleviation of human suffering. Today, the order has thousands of members and operates homes and clinics for infants, the terminally ill and leprosy patients all over the world.

Possessed of a belief in the preciousness of all human life that was as unshakable as her faith, Mother Teresa received countless honors but always discounted her own importance. When awarded the Nobel peace prize in 1979, she said, "Personally, I am unworthy. I accept in the name of the poor."

Most women wish their husbands were better mothers.



How about you?

In an unprecedented *Ladies' Home Journal* survey of American women, 59% said their husbands are too hands-off when it comes to everyday parenting. Want to know more?

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Chris Casson Madden

The best-selling author, television host and design correspondent offers a guided tour through the rooms that Oprah Winfrey and Ali MacGraw have transformed into personal sanctuaries in "A Room Of Her Own" (page 222), excerpted from Madden's new book of the same name (Clarkson Potter, 1997). Madden is LHJ's new Contributing Home Design Editor.

Francesco Scavullo

Elizabeth Taylor, Paul McCartney and Madonna are among the many Hollywood stars and pop icons with whom this legendary fashion and portrait photographer has worked. In "Great Faces" (page 226), featuring photos excerpted from *Scavullo: Photographs, 50 Years* (Abrams, 1997), the photographer reflects on highlights in his prolific portfolio.





Tom Curtis

In "The Town That Won The Lottery" (page 82), Curtis profiles several fortunate Texans one year after they jointly hit the jackpot. "Their story has all the elements of a Frank Capra movie," he says. "They had hoped that their windfall would save their farms. In reality, good luck with weather and crops will be more important."

Karen MacNeil

"It has taken this cultural melting pot of a country nearly fifty years, but we've finally gotten beyond TV dinners and back to enjoying real foods from real places," says MacNeil, who identifies the delectables that Americans love to eat today in "Six Delicious Food Trends" (page 276). She also contributes to *Food & Wine* and *Cooking Light*.





Bert Sperling

We needed to collect a mountain of data to rank "The Best Cities For Women" (page 199), so we turned to Sperling's Portland, Oregon–based demographics consulting firm, Fast Forward. You can visit Sperling's Web site (*www.fast-fwd.com/~sperling*) for more information on any city of your choice.

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Terry couldn't make Aaron see that his ex-wife was milking them financially and turning his daughter against them

By Margery D. Rosen



"His Ex-wife Is Driving Us Crazy"

TERRY'S TURN

"I warned Aaron again and again that Susan, his ex-wife, was going to be trouble," said Terry, a petite, pretty thirty-three-year-old product manager for a national manufacturing company. "As usual, Aaron pooh-poohed everything I said.

"Well, guess what? Susan is slowly but surely driving a wedge through our barely two-year-old marriage. I'm convinced she's brainwashed Molly, Aaron's ten-year-old daughter, against us. Molly is not doing well in school—and Aaron and I are fighting nearly every day.

"I come from a broken home myself. My parents divorced when I was only three. I adored my father and missed him terribly. I lived with my mother, who was miserable, depressed and totally incapable of raising a child. So until I was twelve, when I moved in with my dad and his new wife, I bounced around from one day-care center or after-school program to another. I basically took care of my mom.

"My own experience made me want to be the best possible stepparent to Molly. Unfortunately, Susan sets absolutely no limits—Molly can stay up as late as she wants, even on school nights. And she's been really bad about keeping on top of Molly's schoolwork. Molly's only with us Monday nights and alternate weekends, so Aaron and I often don't find out about a problem at school until weeks later. Susan doesn't call to tell us about a teacher's conference until the day before—and then we have to scramble to rearrange our schedules. We've spoken to the teachers about it, but they don't seem to recognize divorce.

"When Molly is with us, I'm the heavy. I have to explain to an unresponsive child that in this house, we not only eat the dinner that's served, we clear our plates and help put the dishes in the dishwasher. And homework comes before television.

"I know Molly's behavior is appropriate for her age—but when she starts in with 'You're not my mother' or 'I don't have to do that in my house,' there's not much I can say. And if Aaron steps in, he comes down much too hard. He'll take away TV for the entire weekend if she doesn't make her bed.

"The tension in our house is unbearable, and I've started to really resent my stepdaughter. Here I am, doing all these things for her, and she's acting like a brat. And sometimes when Aaron, Molly and I go out for a walk, Aaron will grab Molly's hand or put an arm around her shoulder, leaving me to walk by myself. I feel like a fifth wheel.

"Susan just complicates the picture. She still expects Aaron to always be there for her. I *(continued)*

THE MOST POPULAR, most enduring women's magazine feature in the world. This month's case, about a couple struggling to deal with stepfamily problems, is based on interviews with clients and information from the files of Pam Monday, Ph.D., a marital and family therapist in Austin, Texas. The story told here is true, although the names and other details have been changed to conceal identities.

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(continued) know he can't stand talking to her. And when he gets off the phone, this usually mild-mannered guy explodes; he has actually broken plates.

"I don't know what to do when he gets like that. When I try to tell him how frustrated and angry I feel, he listens for two minutes and gives me a quick here's-what-ya-gotta-do. End of conversation. Or else he says I'm overreacting. I've just stopped trying.

"The money issue is particularly painful, and typically, Aaron refuses to discuss it. In the settlement, Aaron agreed to pay Susan an enormous amount of money every month so she could stay home and take care of Molly. Lately, it's become a hardship for us. A year ago, Aaron's position was eliminated in a company-wide cutback, and he was demoted to a lower-paying job. He's going to night school to finish his B.A. degree, but money is tight. When he writes this huge check to Susan—which she clearly doesn't spend on Molly—I get upset all over again.

"The amazing thing is, Aaron still expects me to hop into bed with him as if that's going to solve all our problems. Well, no thank you. I want to make love, not just have sex. We need help sorting this out."

Aaron and Terry couldn't control his ex-wife, but they could minimize her influence



AARON'S TURN

"I know my anger is out of control, but I can't figure out how to deal with it," said Aaron, forty-two, a handsome man with thick black hair and Paul Newman–blue eyes. "My dad was a loose cannon, too. He was an engineer, on the road most of the time, leaving Mother with six boys. In my memories, she's whiny and complaining—just like my ex-wife, come to think of it.

"As the oldest, I was expected to keep the others in line. When I was thirteen, my parents split up. My teenage years are a blur to me. I lost my bearings and decided not to go to college. I supported myself doing odd jobs, and when I was twenty-three, I joined the Air Force and spent about eight years overseas, where I met Susan. When she got pregnant, I felt obligated to marry her, but I was miserable. We were legally married for eight years, but separated for three years before we finally divorced.

"When I left the military, I found a job with a great company—we design and manufacture equipment for dentists' offices—and worked my way up from the mail room to division manager.

"Then last year, I had to take a demotion to salesman. With a wife, an ex-wife and a child to support, there wasn't much choice. I'm going back to school finally to get my degree and hope that will give me the boost I need to get a better position.

"In the meantime, my ex is driving us crazy. She's lazy, disorganized and undisciplined, and I'm deeply concerned because I can see those tendencies in Molly. I wish I knew how to get Susan to change.

"Susan doesn't rant and rave, but she manages to undermine our marriage and Molly's faith in us in subtle ways. At the same time, I think Terry takes many issues too personally. I don't want to carry on about every little problem. When Terry gets going with her whining, my brain shuts down.

"Terry's right about the discipline situation. I miss Molly desperately and I don't want her to remember Daddy as the guy who yells and has a mile-long list of rules. I know I made a mistake on Susan's settlement. But what's done is done, and I'm not about to go to court over it.

"The bottom line is, Terry and I love each other, and we believe in this marriage, but we're stuck. I hope you can help us."

THE COUNSELOR'S TURN

"When Terry and Aaron came to see me," said the counselor, "they were focusing strictly on the stepfamily problems. But in truth, they first needed to work on the marital issues that were preventing them from facing their problems together.

"Power and control issues played a large part in this couple's fights. Though close to his younger brothers, Aaron felt the burden of being the parent to them. He still desperately needed to feel in charge. As an adult, that translated into being successful in his career and his marriage—being on top of things. When he wasn't, Aaron became anxious and withdrawn, then exploded in a rage.

"Terry, too, had grown up as the caretaker, trying to *(continued)*

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(continued) support her divorced and depressed mother. When her father remarried, she was torn: While she loved her new stepmother and was delighted to go live with them, she was also jealous. She had been number one in Daddy's life and now there was another woman.

"Dealing with Aaron's outbursts was a key hurdle. Anger was his defense against feeling weak or vulnerable. We spent several sessions getting him to recognize the physical sensations of his anger—his throat and chest muscles tightened, and his jaw clenched—then helping him find ways to dissipate that anger.

"Like many men who are out of touch with their feelings, Aaron didn't have a clue about expressing emotion. When he felt inadequate and needed reassurance, instead of talking to Terry about his insecurities, he'd want to make love, which was a complete turnoff for her.

"It's hard to get a man like Aaron, who is coiled as tight as a spring, to calm down enough so he can talk safely and constructively. But Terry learned how to signal Aaron that he was beginning to lose control. Instead of snapping at him, she learned to say, 'It looks to me like you are becoming very angry.' Since Aaron really wanted to change, this helped him get a grip on his rising emotions.

"Another technique that really helped Terry and Aaron is what therapists call a dialogue, which can be useful no matter what the issue. Here's how it works: Whenever one partner is upset, frustrated, angry or simply feels the need to talk, he asks his spouse for a dialogue. The spouse must agree to talk, either right then or at a specific time later. Each partner gets to speak, without fear of interruption or argument, after which the listening partner must restate in his own words what the other has said, in order to show that he understands her perspective. Then, they switch roles.

"At first, Terry and Aaron found doing this so stilted that they would burst out laughing—but that was fine, since humor is a much-needed leaven for couples in crisis. When a couple practices dialogues regularly—I suggested daily for these two—the give-and-take soon becomes automatic. At that point Terry and Aaron discovered they could come up with some simple, creative solutions.

"Because she so closely identified with her stepdaughter's confusion and sense of loss, Terry wanted to be the perfect stepmother. But before she had developed a solid, trusting relationship with her stepchild, Terry simply assumed responsibility for every aspect of Molly's life, giving her little room to breathe or make her own decisions.

"Aaron allowed Terry to take over, not knowing that when a new stepfamily is coming together, discipline must primarily be the responsibility of the biological parent. Also, it was Aaron's job, not Terry's, to negotiate visiting times as well as school conferences. However, Aaron was so bitter and resentful of his first wife that he avoided dealing with her at all costs.

"I explained that they'd have to accept the fact that they will be connected to Susan for a long time. 'You can't control Susan or make her a better mom,' I told them, 'but you can minimize her influence.'

"For example, Aaron learned to short-circuit Susan's whining. 'Make your conversations quick and businesslike,' I told him. He came up with the trick of placing his beeper next to the phone and setting it to go off after five minutes. That gave him a ready excuse to get off the phone.

"Aaron also came up with a compromise on the money problems. He suggested to Susan that he put a certain percentage away for Molly's college education, deducting that amount from the monthly allotment. That way, he explained, they wouldn't be caught short when the time came. To his surprise, Susan agreed—and Terry, too, found this arrangement palatable. Meanwhile, money pressures on Aaron's company eased up, and he was given a higher commission on his sales.

"Aaron also made an appointment with Molly's teacher to make sure that he and Terry are informed of all conferences, activities and school-related problems.

"On the home front, Terry soon began to feel more comfortable telling Aaron that she needed him to hold her hand when the three of them went out—a simple gesture that meant a great deal to her. As she began to feel special again, her resentment of Susan waned.

"Aaron has also begun to take more responsibility for discipline when Molly visits. Her behavior and grades have improved dramatically, and she and Terry have become much closer. And Terry and Aaron are now thinking about adding to their little family. 'I finally feel that our marriage can handle the stress of a new baby,' noted Terry, 'and so can Molly.'" •

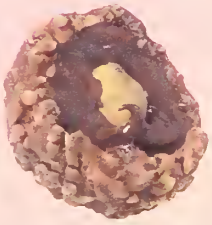
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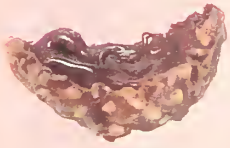
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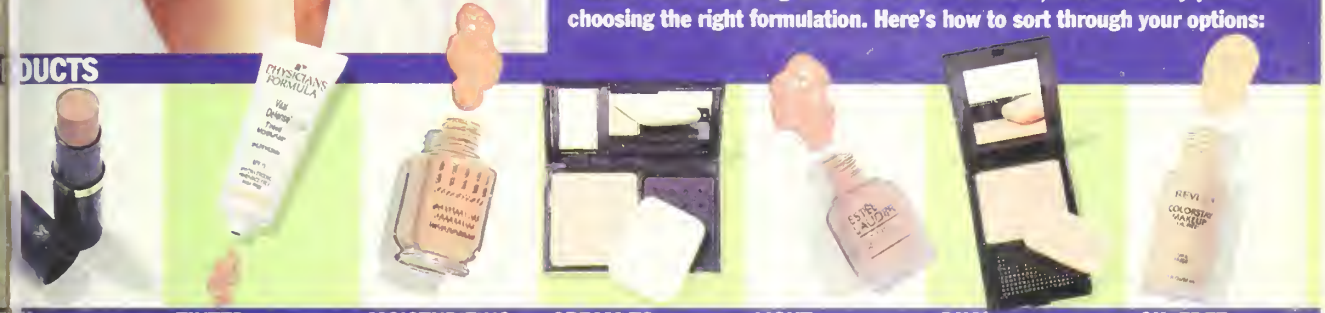

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BEAUTY & FASHION JOURNAL

foundation fundamentals

With all remnants of summer color gone from our cheeks, foundation becomes essential again for perfecting an uneven complexion. More realistic shades make matching skin tone less of an issue; now the tricky part is choosing the right formulation. Here's how to sort through your options:



DUCTS						
K NDATION	**TINTED MOISTURIZER**	**MOISTURIZING LIQUID**	**CREAM-TO-POWDER**	**LIGHT-REFLECTING**	**DUAL POWDER**	**OIL-FREE LIQUID**
my, with ick-like ire, this is l for heavier coverage of en capillaries, reye circles	The sheerest, lightest base, more moisturizer than color. Gives a "no makeup" look and corrects flaky skin	Has more emollients than regular liquid formulas to give a dewy, satin-like finish to dry to normal skin	Takes place of concealer, foundation and powder and provides medium to full coverage for normal to dry skin	Has special pigments to refract light and blur tiny lines. Use with "light diffusing" powder	A sponge-on powder foundation that gives normal to oily skin a matte finish similar to oil-free liquid base	Water- or silicone-based, this gives a matte finish to blemish-prone skin. Blend quickly for a seamless look
T TO TRY						
Factor Pan- $6.25; ido Stick dation, $28.50	Physicians Formula Vital Defense, $8.25; Lancôme Imanance Mat, $27.50	Bobbi Brown Essentials, $35; Chanel Teint Naturel, $50	L'Oréal Visuelle, $9.25; Clinique City Base SPF15, $20	Estée Lauder Lucidity, $27.50; Erno Laszlo Multi-pHase, $32	Elizabeth Arden Flawless Finish, $25; MAC Dual Studio Fix, $19.50	Revlon ColorStay, $11.50; Cover Girl Fresh Complexion, $4.75

brown-bagging it

This season, the old-standard shoulder bag has gotten an update, with shorter straps and slimmer lines. Here are three we like as much for their looks (and great neutral shade) as their price.



$55 Liz Claiborne distressed-leather slim pouch

$26 NY and Co. for Lerners "hobo" bag

$52 Esprit python-stamped satchel

IT'S A FACT

In the last decade, the average bra size has ballooned from a 34B to 34C—and no, implants aren't the reason. The increase reflects the growing girth of the typical woman, with a 36D (!) average size predicted in the next century.


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BIGGER is better



Look for fat pencils from Maybelline, Clinique and L'Oréal

If you find that skinny pencils and liquid liners require too much precision (and take too much time), then the new jumbo-size, creamy-textured crayons will seem like small gifts from heaven. In one or two strokes, you can add shape and definition to eyes and mouth—just draw pencil across lips or lids and smudge to blend. For the most natural look, choose colors that are one or two shades deeper than your natural skin and lip tone. For drama, try chocolate and berry tones.

consumer fashion

If the pants fit...

We ordered basic tailored pants (front zip, two pleats) in size 10 from four catalogs. All seemed the same, until we looked closer.



J.CREW ***(stated measurements: waist 28½", hips 39"; $95)*** Cut more slimly than indicated in the catalog (more like a 28" waist, 38" hip). For comfort's sake, you may want to go up a size when ordering. 100% wool gabardine helps keep the shape sharp.

TWEEDS ***(stated measurements: waist 28", hips 39"; $79)*** Felt roomier in the waist than 28", but was much trimmer through the thighs than the others. Like the J.Crew, made of wool gabardine, but has a softer line.

TALBOTS ***(waist 27½", hips 38"; $108)*** Waist sits low, nice cut to the derriere, thighs slimmer than the Chadwick's but still full. Viscose/wool fabric gives a nice drape.

CHADWICK'S OF BOSTON ***(waist 27½", hips 38½"; $39)*** Cut most generously—very roomy through hips, thigh and rear. Waistband is on the snug side, though—good if your waist is disproportionately smaller than your hips.



GETTING THE RED OUT

Broken capillaries on the face are the bane of countless women over thirty-five. The result of sun damage, pregnancy, smoking, as well as heredity, they cause a flush to the face—not to mention much heartache.

But there are treatments available, says Mary Ellen Brademas, M.D., a New York City dermatologist. With **electrocauterization** ($75 to $300 per treatment), a fine electrified needle zaps broken vessels, causing them to collapse. Stubborn and larger broken blood vessels can be treated with a **pulse-dye laser** (about $300 to treat the nose), which emits wavelengths of light that disintegrate the vessel on contact. Both procedures cause momentary stinging but are permanent. With the former, expect redness in the treated area for two days; with lasers, bruise-like marks may last several weeks.





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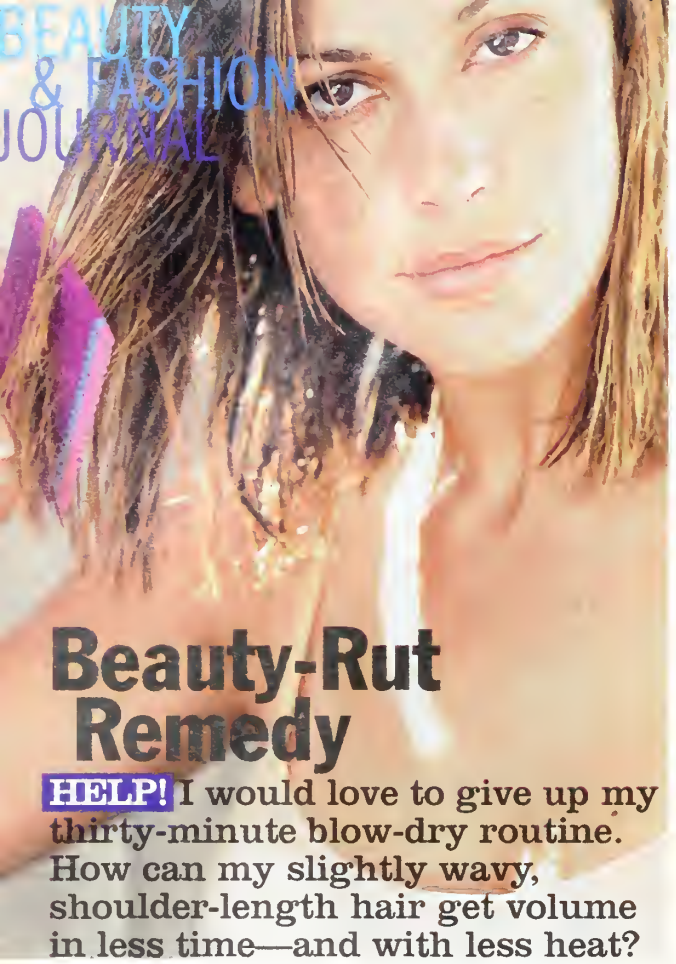


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Beauty-Rut Remedy

HELP! I would love to give up my thirty-minute blow-dry routine. How can my slightly wavy, shoulder-length hair get volume in less time—and with less heat?

It's easy to give hair fullness without spending more than five minutes styling, says hair pro Patrick Melville of the MCM salon, in New York City. After washing and conditioning hair, towel-dry and comb through a dime-size amount of styling gel. Just before hair has completely air-dried, blow-dry upside down while scrunching hair with fingers, two to three minutes. Finish drying with head upright, wrapping ends around a round bristle brush for a gentle curl.

New beauty breakthrough

By inhibiting the accumulation of fluids that cause undereye circles, two new cosmetics—Avon's Lighten Up Undereye Treatment ($9.95) and Estée Lauder Uncircle ($37.50)—can reduce dark pigmentation. To see a benefit, you must use every day. Worth checking out.

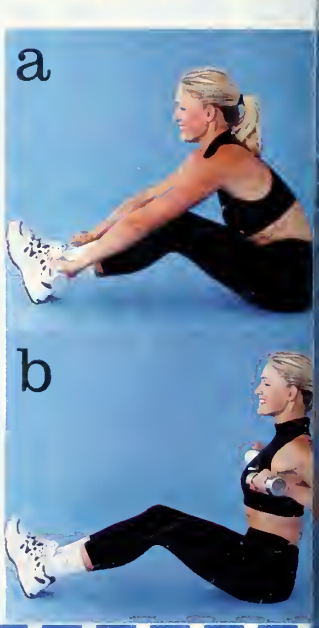


exercise of the month

Toned shoulders and upper arms make you look younger all over, not to mention better in skinny stretch turtles and V-necks. According to top New York trainer Michael Schwartz, if you're diligent, this exercise will give results in three or four weeks:

Sit on floor as shown. With a 2- to 8-pound dumbbell in each hand, lean forward and extend arms toward toes (a). Then, in one fluid movement, sit up straight, bending elbows and bringing weights to chest (b). Do three sets of ten, three times a week.

CONSULT YOUR DOCTOR BEFORE BEGINNING ANY EXERCISE PROGRAM



stylewatch



IT'S EASY BEING GREEN

Designer Donna Karan is making a film appearance of sorts next month, dressing Gwyneth Paltrow in the updated *Great Expectations*. Early scoop: Everything the young star wears, besides being a lovely shade of green (a favorite of the film director's), is right off the runway.

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Today, I like myself at my larger size—and so does my husband, Victor

AFTER THE Fall

No one thought I'd ever return to modeling, but my dream was stronger than my disabilities

By Paula Jean Nichols-Klimin, as told to Staci Bonner

For most of my adult life, my idea of perfection was eating "rabbit food" to keep thin and never leaving the house without every speck of makeup in place. As a successful model, my physical appearance was all-important, and I never thought I could live any other way. It took a terrible accident to help me see that beauty comes in all forms.

Growing up, I was more interested in horses than in clothes, but after being discovered by a modeling agent while in college, I realized that my looks could take me places. I had fun posing for local magazines and appearing in fashion shows, and the money I made paid for my tuition. Upon graduation, I moved to New York City to be an actress and model. After months of barely making ends meet, I started getting jobs.

It wasn't long before I was living a fast-paced, glamorous life. As a Seventh Avenue runway and showroom model for top designers, I made up to $5,000 a day. I appeared in ads for major companies. I also had a regular nightclub singing gig, and acted in a soap opera and two major movies. It seemed that all my dreams had come true.

But everything changed in an instant on a sunny April morning eight years ago. I'd just finished auditioning for a TV commercial in a Manhattan studio, and it looked like the job was mine. I got into the crowded elevator to leave.

Seconds later, the machine stopped with a jolt. After a few minutes, a man tried to pry open the door, but it wouldn't budge. Then, without warning, the elevator started falling with sickening speed. Someone pressed the emergency button and the brakes screeched, but the car didn't stop.

Everyone began to shriek in terror. We plummeted ten stories before crashing into the concrete sub-basement floor. The force of the impact hurled me upward, and my head hit the ceiling. The last thing I remember was smelling smoke and hearing sirens.

I woke up in the trauma unit of St. Vincent's Hospital with a concussion and a spinal compression fracture. My entire body *(continued)*



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was black-and-blue and my head throbbed, but the scariest thing was not being able to move my legs. For the next four months, I was confined to my hospital bed, unable to get around except in a wheelchair. Because of my head injuries, I needed hours of therapy to relearn tasks like dressing myself and tying my shoes.

A few weeks later, my doctor gently broke the news to me: My right leg was permanently paralyzed. I heard him, yet I couldn't make myself accept the truth. When a technician came to fit me for a brace, I sobbed uncontrollably. A hospital psychiatrist tried to help me adjust, saying, "Your life is not over. Your life isn't just your leg." I pretended to agree, secretly not believing a word of it.

For years, my self-esteem hinged on how rail-thin I looked; I tried to force my body to be something it wasn't



I ride my horse, Eric Clapton, for exercise

Though I was healthy enough to be released from the hospital by the end of the summer, I was still emotionally traumatized and in constant pain. For the next two years, I hardly ever left my apartment except to go to my weekly physical-therapy sessions. I learned how to walk with crutches, but most days I just lay in bed and cried.

I also ate—a lot—and my weight ballooned to 200 pounds. It wasn't until months later that my doctors realized that my thyroid was underactive, causing my metabolism to go haywire. Medication corrected the condition, but my weight didn't go down, because I was still eating junk food and lying around the house. At five-eight, I had always taken pride in being 116 pounds and a perfect size 6 to 8. Now when I looked in the mirror, I was disgusted by the strange fat woman in a wheelchair staring back.

With the other victims of the elevator accident, I reached a settlement for our damages, but the money didn't make up for my loss of modeling income. I was forced to live off my savings and credit cards.

Still depressed, I isolated myself from everyone I knew. People urged me to take a clerical job, but sitting behind a desk only reminded me of the career I had lost. It wasn't me.

Then, in 1991, I met with a group called Performers With Disabilities. A young woman there told me about the United States Organization for Disabled Athletes, and I decided to contact them about singing at one of their tournaments. Something told me that this was my opportunity to get back into the world at last.

Weeks later, I was onstage singing "Victory," a song I had composed for the occasion, to an audience of two thousand. Looking out at their faces, I realized then that I had to stop burying myself in regret and self-pity. I was still talented and attractive, and my life *wasn't* over.

Afterward, some of the athletes came over to talk with me. When I said that I used to model, they asked why I didn't do it anymore. At first it seemed like a ridiculous question, and yet I couldn't answer. These people hadn't let conditions like blindness and cerebral palsy keep them from playing sports, so what was stopping me? The question kept me awake all that night, and by morning, I had decided to relaunch my career.

After finding a photographer willing to do my portfolio, I went right to the top and called Ford Models, one of the most prestigious agencies in the world. Their representative dismissed me with, "There's no demand for your type at the moment," but I wouldn't take no for an answer. I spent months pestering her with mail and phone calls until she finally agreed to meet with me for five minutes, explaining that Ford was considering signing on a disabled model. When the agent offered me a two-year contract, I knew I had won an incredible victory.

Now I needed to do something even harder: accept the fact that I was overweight and would probably stay that way for the rest of my life. I'm not proud of it, but I used to look at fat people *(continued)*

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with contempt. Now I had become one of them.

For years, I had tried to live up to the impossible standards of the modeling industry, and my self-esteem hinged on how rail-thin I looked. I used to swaddle my body in plastic wrap before bridal shows to drop ounces of water weight, knowing I could be sent home if the skintight gowns didn't fit properly. A full meal for me was a piece of fruit. I exercised and counted calories religiously, trying to force my body to be something it wasn't.

After much soul-searching and struggling, I gradually came to like the new me. I realized I was truly comfortable not only in my clothes, but in my body—something I'd never experienced as a size 8. I started eating more sensibly and I lost some weight, but more important, I felt healthier.

I now weigh 170 pounds and wear size 14 to 16, and I'm happy with that. To stay fit, I do daily stretching exercises and ride my horse, Eric Clapton. Although larger models aren't pressured to be thin, we do have to maintain a consistent size range for our clients. I can't be a 14 one month and an 18 the next.

Unfortunately, the often-cutthroat modeling business is still slow to welcome large women, and my size is almost as great a barrier as my disability. Still, now that Ellen Tracy, Emanuel Ungaro, Carole Little and Liz Claiborne, among other designers, are creating lines for larger women, I hope that the industry will follow suit. And "realistic" models—older, heavier or disabled—are appearing more often in print advertisements, store catalogs and on televised shopping networks.

When my contract with Ford expired, I signed with Plus Models, an agency that hires large-size models. They find me steady work with clients like Sears, Stern's, Hanes, Sara Lee Home Shopping and Just My Size. I always insist that my brace and crutches or wheelchair be in full view.

With my new sense of confidence, I opened myself up to the possibility of romance. A matchmaking friend suggested I meet Victor Klimin, a Russian concert pianist who shared my love of music and the arts. There was only one problem: He couldn't speak English! When he called me, all we could say was "Hello," so we just started laughing. That night I went to see Victor play and was deeply moved by his performance.

After a whirlwind romance, we were engaged just a few weeks later. On my wedding day I wanted to be without my crutches or wheelchair just this once, so I practiced for weeks by holding on to Victor's arm. During the ceremony, when I slowly made my way to the altar with just my leg brace, our guests gave me a standing ovation.

Today, I've recovered every part of my life except one: I still can't bring myself to get on an elevator. So I arrive at appointments early and climb the stairs, no matter what floor the studio is on. If I need my wheelchair, I send someone to bring it up.

It's not always easy to stay positive. There are days when I wonder what my life would have been like if I'd never gotten on that elevator. And, yes, I do sometimes ask, "Why me?" I still have chronic pain and short-term memory problems. But I find strength in prayer, and I look forward to a long and happy career.

I try to find meaning in my tragedy, and I'm deeply gratified when I read letters from people with disabilities who tell me I've inspired them. Recently, I established Miss Paula's Studio, a school for aspiring performers and models. My classes include disabled students.

These days, modeling has a completely different meaning for me. Instead of portraying an impossible illusion of perfection, I'm sending the message that a fortysomething woman with a paralyzed leg and a few extra pounds can be attractive. That's a positive step for everyone. As the "Victory" song lyrics say, "We have already won when we believe it in our hearts." ●

Scrubbing down wreaks havoc on my hands. Good thing in the hospital we use Keri."

Pediatric Nurse Sara Herbert

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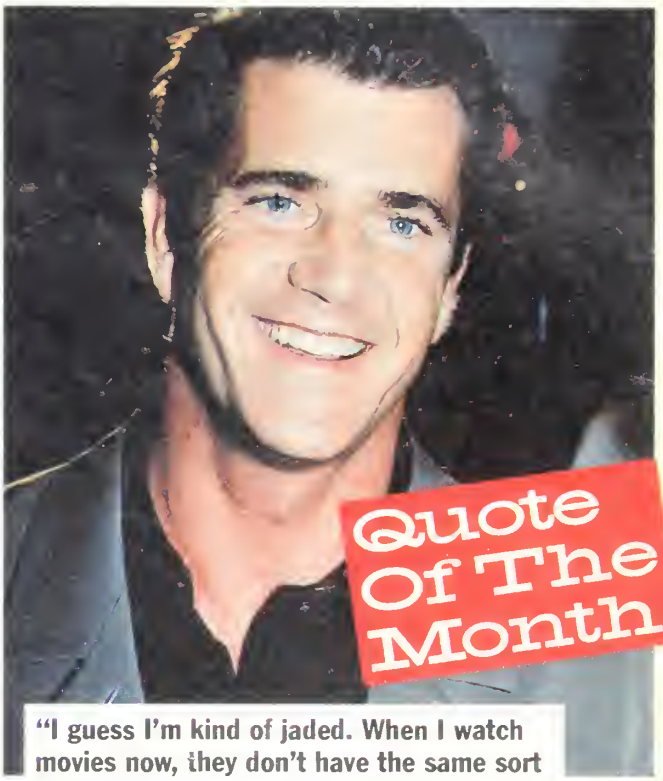
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Saving made EASIER

Putting money aside for the future has just gotten simpler, with new laws for individual retirement accounts (IRAs) that go into effect in 1998.

A new education IRA will allow parents to put away $500 for tuition per year per child. Individuals will also get to choose a "traditional" IRA, with tax-deductible contributions, or a new "Roth" IRA, which allows money to grow tax-free and permits withdrawals without penalty (though contributions are not deductible). Compare the two, and the Roth typically means bigger savings, says Elda Di Re, a partner at Ernst & Young, an accounting and consulting firm in New York City. Over time, it's worth more than up-front deductions. **—Sean Callebs, *Your Money***



Quote Of The Month

"I guess I'm kind of jaded. When I watch movies now, they don't have the same sort of magic that they used to because I know all the tricks. I can see the strings moving."
—Mel Gibson, on *Larry King Live*

Cooler Calorie Count



Those fruit-blended shakes called smoothies are all the rage. But while these drinks seem healthful, experts warn that not all smoothies are alike.

At one Atlanta-based shop, the drinks average 460 calories, about the same as a McDonald's Quarter Pounder. That's because whole milk, yogurt and sugar are often added, and some recipes even call for peanut butter and chocolate, bringing the calorie count to a whopping 700.

Some vendors are also adding supplements like lecithin, which they claim helps break down fat and prevents heart disease. But, says Nancy Anderson, R.D., at Emory Heart Center, in Atlanta, a lot of these claims are not founded in science.

—Elizabeth Cohen, *On the Menu*

BAD MEDICINE?

The best prescription for helping most stroke patients recover is intensive rehabilitation, say doctors. But a new study shows that insurance coverage—not medical need—may determine who gets such care.

Stroke victims in HMOs are more likely to go to nursing homes instead of specialized rehabilitation centers than are patients covered by traditional insurance, says researcher Sheldon M. Retchin, M.D., M.S.P.H., a professor of internal medicine at Virginia Commonwealth University, in Richmond.

While it's unclear whether patients in specialized programs actually live longer, other studies have shown that they do enjoy better-quality lives. Still, those representing HMOs say that most nursing homes now have skilled units that can give proper therapy.

—Al Hinman, *Your Health*

Watch CNN's On the Menu for enticing reports on food, nutrition and cuisine (Saturday, 1 P.M., E.T.) and Your Money for personal finance (Saturday, 2:30 P.M., and Sunday, 6:30 A.M., E.T.).

PHOTOS FROM TOP: ERIC CHARBONNEAU/REINER STUDIO; CLIFFORD A.





Enter the "Best Milk Recipes in America" recipe contest and become a milk mustache celebrity.

WE'RE LOOKING for family-friendly recipes you've developed that contain at least 1/2 cup of skim or 1% milk.

Win one **$5,000 Grand Prize**

and

One of 7 **$500 category prizes**



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Now Milk's adding more than great taste and important nutrients to your recipe. Send us your best milk recipe for a chance to win $5,500 and picture yourself as a milk mustache celebrity in a national ad. Send as many entries as you wish by following the instructions on the Official Entry form below.

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Where's *your* mustache?

OFFICIAL ENTRY FORM

YES! Enter the "Best Milk Recipes in America" recipe contest. You could win up to $5,500 and will be featured in a national milk ad. Submit one entry form per recipe.

Name _____

Address _____

City _____ State _____ ZIP _____

Recipe category: ❑ Snacks & Appetizers ❑ Breads & Baked Goods ❑ One-Dish Meals/Casseroles ❑ Beverages (hot & cold) ❑ Main Dishes ❑ Side Dishes ❑ Desserts

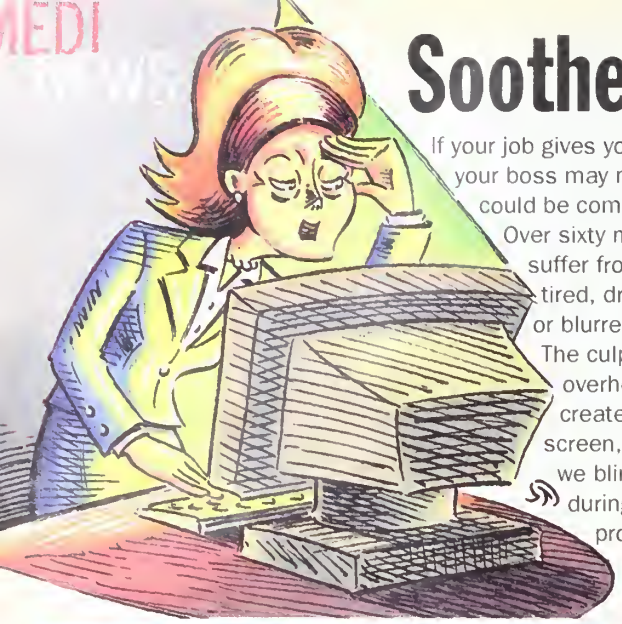
TO ENTER (read rules for complete information): **1.** For each recipe entry, complete this form or print your name, address, daytime phone number, and recipe category on a postcard. **2.** Attach this form or a postcard to the back of each recipe entry. Mail to: "Best Milk Recipes in America" Recipe Contest – LS 100, 1716 Locust St., Des Moines, IA 50309-3023.

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Where's *your* mustache?™

CONTEST RULES: 1. HOW TO ENTER: NO PURCHASE NECESSARY. To enter, complete the Official Entry Form o your name, address, daytime phone number and recipe category on a postcard or to enter electronically, acces 8H&G and LHJ magazines' web pages at http://www.bhglive.com and www.lhj.com and complete entry recipe Mail to: "Best Milk Recipes in America" Recipe Contest – LS100, 1716 Locust St., Des Moines, IA 50309-3023 may enter as many recipes as you wish. Contest begins on September 12, 1997. Mail-in entries must be postm by November 11, 1997 and received by November 17, 1997. E-mail entries must be received by November 10, 19 midnight, EST. Meredith Corporation assumes no responsibility for lost, late, illegible, or misdirected entries or **2. ELIGIBILITY:** Contest open to legal residents of the U.S.A. who are 18 years of age or older, except employe Meredith Corporation, MILK PEP, Bozell Worldwide and their agents, affiliates, subsidiaries and their immediate fa or persons residing in the same household. Contest void wherever prohibited. **3. WINNER SELECTION:** Winne be selected on January 31, 1998. Winners will be notified by mail and prize delivered on March 3, 1998. Entries be original and not previously published. One winner will be selected from each category: Snacks and Appe Breads and Baked Goods, One-Dish Meals/Casseroles, Beverages (hot and cold), Main Dishes, Side Dishes Desserts. All recipes must include at least 1/2 C. of skim or 1% milk. Recipes will be judged equally on originality, ease of preparation, visual appeal and nutritional analysis. All entries and materials submitted become the prop Meredith Corporation and will not be returned or acknowledged. All rights, title and interest, including copyright of winning entries, belong to Meredith Corporation. Meredith Corporation reserves the right to edit, adjust, abridge, condense and excerpt entries. Judging will be conducted by the Better Homes and Gardens® Test Kitchen decisions of the judges are final and binding in all respects. Entrants agree to be bound by these rules. Grand Winner may appear in milk mustache ad. The awarding of any prize is contingent upon full compliance with the rules. **4. PRIZES:** (1) Grand Prize awarded from among all 7 categories: $5,000; (7) First Prizes awarded to e the remaining categories: $500 cash award for each winner. One prize per immediate family. **5. GENERAL:** Entr stitutes permission to use winner's entry, name, hometown, likeness, photograph, and statements regarding th test, for editorial, public relations, promotional and advertising purposes on behalf of Meredith Corporation and Mi without compensation, unless prohibited by law. Winners will be required to sign an Affidavit of Eligibility, Assig and Release of Liability within ten (10) days of notification or an alternative winner will be selected. By participati winning a prize, winners release Meredith Corporation, Milk PEP, Bozell Worldwide and their agents, affiliates sidiaries and their respective directors, officers and employees from any and all liability with respect to the Meredith Corporation not responsible for phone, technical, network, electronic, computer, hardware or software t of any kind, misdirected, incomplete, stolen, garbled or delayed Internet/e-mail computer transmissions. Subjec federal, state and local laws and regulations. Taxes on prizes are the sole responsibility of the winners. No prize ter or substitution. **6. PRIZE WINNERS' LIST:** For a list of prize winners, available after March 3, 1998, send a rate, self-addressed, stamped envelope to: Nancy Coles, Meredith Corporation, 125 Park Avenue, New York, NY

For More Information
1-800-WHY-MILK





Soothe Computer Eyestrain

If your job gives you a headache, your boss may not be to blame—it could be computer eyestrain. Over sixty million workers suffer from headaches, tired, dry or burning eyes, or blurred or double vision. The culprits: fluorescent overhead lights that create a glare on the screen, and the fact that we blink less frequently during periods of prolonged concentration on this type of visually demanding task.

"Anyone who logs lots of computer time can experience eyestrain, even if his vision is otherwise normal," says James E. Sheedy, Ph.D., O.D., a professor at the University of California–Berkeley School of Optometry. If you have this problem, try low-tech remedies first (blink more often, turn the lights down and look away from the screen every fifteen minutes). If trouble persists, try an antiglare screen attachment (available from computer shops) and prescription glasses with lenses specially designed for computer use. —Deborah J. Baer

Eat Your Frozen Veggies

Fresh fruits and vegetables have more nutritional value than frozen or canned ones, right? Not according to a new study from the University of Illinois, at Urbana. Researchers found that produce that has been canned or frozen is perhaps even more vitamin-rich than the fresh stuff, at least up until its expiration date. The reason? Foods are canned or frozen within hours of being harvested, which deactivates enzymes that cause nutrient-robbing deterioration. Fresh food, on the other hand, sits around for up to ten days before it reaches store shelves. —Aimee Kendall

Vaginal Cream Alert

If you regularly use over-the-counter creams to treat vaginal itch, beware. Although these products are perfectly safe to use for a few days as directed to clear up a minor problem, a recent study has found that excessive applications, using them for more than a week or applying them to severely inflamed skin can cause a serious blood-oxygen deficiency called methemoglobinemia, which can result in coma, or even death. The deficiency is triggered by benzocaine, a pain reliever found in over-the-counter vaginal creams. Do not use these medications after one course of self-treatment (no more than seven days), especially if the skin is broken or irritated from scratching. Instead, see a doctor, says researcher John Currie, M.D., professor of obstetrics and gynecology at Dartmouth-Hitchcock Medical Center, in Lebanon, New Hampshire. An exam can correctly diagnose the problem—a yeast infection, bacterial vaginosis or trichomoniasis, all of which can cause persistent itching and require prescription treatment. —Isadora Fox

the BEST Prevention for the Biggest Health Risk

You probably know by now that heart disease (not breast cancer) is the number-one killer of women. And surely you've heard the oft-repeated advice for prevention—eating a low-fat diet, managing stress, considering estrogen replacement and regularly checking your cholesterol levels. But here, the best of the latest information on how to ward off this disease. —Anna Roufos



VITAMINS

In a recent study, researchers found that consuming plenty of the B vitamin folic acid can reduce blood levels of the protein homocysteine, too much of which is a newly identified risk factor for heart disease. Subjects who had high blood levels of homocysteine and low levels of folic acid had twice the risk of heart attack. Good sources of folic acid include orange juice and cereal.



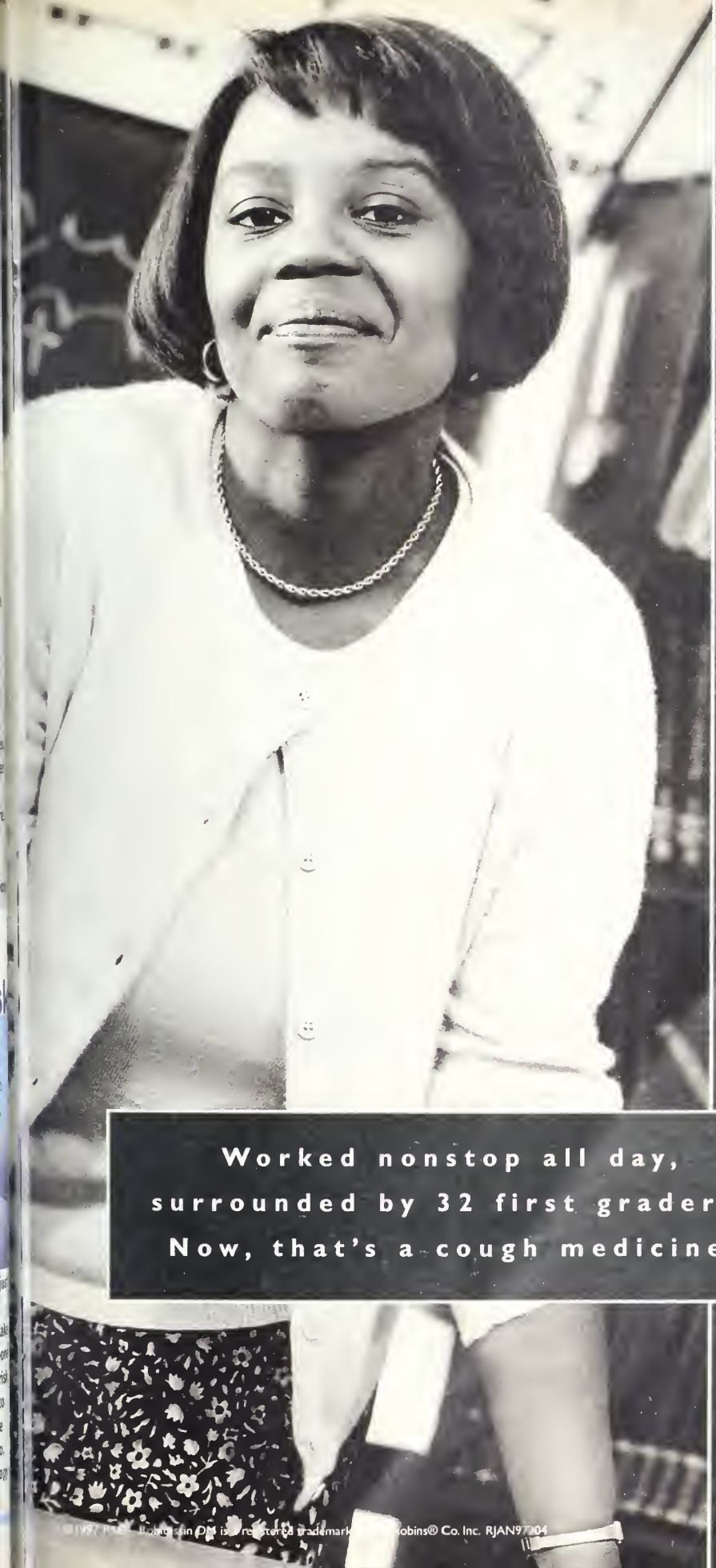
FIBER

Many forms of soluble fiber, such as those found in whole-grain foods like oatmeal, oat bran, barley and dried beans, can help lower cholesterol levels significantly and protect against heart disease and colon cancer. Yet most Americans get just half the recommended 25 to 30 grams per day, according to a recent survey. Many fruits and vegetables are also good fiber sources.

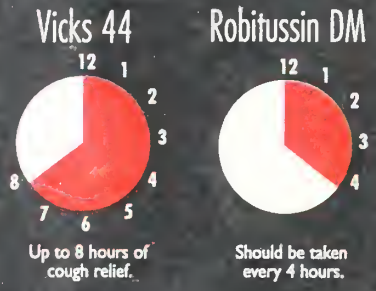


ASPIRIN

Taking an aspirin a day is no longer just for men. In a major study, Harvard researchers found that women who take small amounts of the pain reliever—one to six tablets a week—reduce their risk of heart attack by 30 percent. Talk to your doctor about starting preventive aspirin therapy at age forty-five. Also, consider hormone replacement therapy to lower heart-disease risk.



When you've got a cough, you want a cough medicine that keeps on going so you can too. That's what Vicks 44® does. It works longer between doses, up to 8 hours. While Robitussin DM® should be taken every 4.



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First-Ever Winnie the Pooh Perpetual Calendar

For the *very first time* in collector's plate history, everyone's favorite bear, Winnie the Pooh, is yours the whole year through on a perpetual calendar that's available only from the Bradford Exchange!

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Each plate in the *Winnie the Pooh the Whole Year Through* perpetual calendar series comes with a Certificate of Authenticity and is backed by the Bradford Exchange 365-day money-back guarantee. But time is of the essence—this unique collectible of everyone's favorite bear is sure to go quickly at the $29.95 per plate issue price. Send no money now! Just mail the coupon today.

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AMERICAN WOMAN SURVEY

WHAT MAKES WOMEN Happy?

LHJ's new research is providing some surprising answers



A MOTHER'S GIFT

While women's greatest joy comes from their children, today's mothers can't help but worry: Eighty-six percent of our survey respondents say they wish they could feel more confident about their kids' future. But nothing can make any mom happier than helping her child succeed.

Despite the fact that women today are leading busier, more complex lives than ever before, they couldn't be happier. According to *Ladies' Home Journal*'s recent American Woman Survey, 84 percent of women say their lives are going in the right direction.

What is it that makes women so happy? Traditional things like children, family and friends top the list. But women are also discovering that they can find real satisfaction themselves—whether through a job that brings them great fulfillment, or because of a sense of their own spiritual well-being.

Here, meet four special women who have found great satisfaction with their lives—and discover how you can follow their example.

Last May, Guadalupe Valdez watched as her oldest daughter, Isabel, nineteen, received her high-school diploma. Tears cascaded down her cheeks as the principal spoke of Isabel's accomplishments, including graduating near the top of her class and winning a scholarship to a prominent university.

"It was the fulfillment of one of my greatest dreams," says Guadalupe, forty-three, a single mom in Laredo, Texas. "I couldn't give my children cars or fancy parties. But I wanted them to have a good education."

Guadalupe was born in Nuevo Laredo, Mexico. In her homeland, she was the only one in her family to pursue higher education, eventually earning a teaching certificate. In 1976, she married and immigrated to the U.S. She and her husband had three children.

Then, in 1983, her marriage ended. Unable to qualify as a teacher in the U.S. without starting over, Guadalupe, who speaks little English, took whatever jobs she could find. "I could never earn more than minimum wage," she says sadly. Currently, she works as a teacher's aide, making just $6,000 a year.

To pay for her children's tuition in a parochial school, she watched every penny. "I had a pact with them—I expected them to work hard to have the grades to go on to college," she says.

Isabel fulfilled her part of the bargain so well that this fall, she entered Houston's Rice University on academic scholarship. (Her younger siblings, Carlos, seventeen, and Ileana, fourteen, are also earning high grades.)

Isabel credits her mother for her success. "There were a lot of wealthy students in my school, and sometimes I felt like an outcast," she says. "My mother *(continued)*


Liz claiborne
The possibilities are endless.

would say, 'You don't have the material possessions they have, but you have a lot to be proud of. You have your grade-point average, your hard work and accomplishments.'"

At Rice, Isabel plans to take premed courses and eventually hopes to practice medicine in the poor neighborhood where she grew up. "I'd like to make a difference in my community," she says.

Guadalupe is proud of her children's accomplishments. "Education is the only road that can help them overcome the obstacles I've faced in my own life," she says. "It is the greatest gift I could give them."

—Kathryn Casey

FRIENDS AND LOVERS

When asked to name the one person who knows them best, the majority of respondents to our survey—58 percent—picked their partners. And 78 percent report that their relationship with their husband or significant other brings them their greatest joy. But a happy marriage often means the most to a woman who experienced great difficulties the first time around.

When Tracy Jenkins*, an office administrator in the Midwest, meets women in abusive relationships, her message is clear: Their lives can change. They can find happiness. "My life," she says, "is an example of just that."

Looking back, Tracy, thirty, says she should have known better in 1989, when she married her first husband. He was a rebel, but "I thought I could change him," she says. "I was naive."

The physical battering, she says, began even before the marriage. Afterward, he would apologize and bring her flowers, promising never to hit her again.

The battering stopped after the birth of their first daughter. Instead, Tracy's ex-husband began to abuse her emotionally.

"That was even more devastating," she says. "He watched me constantly. I was afraid all the time."


Guadalupe Valdez and her daughter Isabel

One night after her ex-husband verbally attacked her, Tracy picked up their daughters and fled in her nightgown. "I thought he'd kill me," she says.

For the next year, Tracy attended group sessions at a local counseling center and tried to rebuild her life. "I did a lot of hard work on myself," she says. Still, she doubted she'd ever fall in love again.

Then, while out with friends one evening in July 1994, she met Tim Nelson*, thirty, an engineer. "I thought he was weird," Tracy says. "I wasn't used to someone being nice to me."

With hindsight, Tracy realizes she repeatedly tested Tim, purposely making him angry to see how he'd react. But Tim never faltered. "He'd tell me he wouldn't hurt me," she recalls. "He'd say, 'I'm not your ex.'"

The couple married in 1996, two years after Tracy's divorce became final. Last June, Tim adopted her two young daughters. "He's a wonderful father. We're a real family now," says Tracy. "We'd rather be together than with anyone else. This marriage has changed my life."

—K.C.

MONEY MATTERS

Eighty-five percent of women in our survey wish they were more financially secure. To take charge of their finances, more women are starting their own businesses.

After years of being so poor she couldn't afford to pay the bills, Cyndie Shaffstall, of Lakewood, Colorado, now owns a compan that's projected to have a million d lars in sales this year.

"I don't believe money can b happiness," says Cyndie, thirty-fiv "But it makes life easier."

Growing up on an Arizona cat ranch where her father worked, "I ways thought I would be a cowbo wife," she says. But after high scho she landed a part-time job in a pri shop. She also started a sign-painti business on the side. She is, she sa an entrepreneur to the core, someo who has never felt at home in a c porate environment.

When her son, Coy, was eighte months old, Cyndie left his fath and moved to Tucson. With money for day care, she tried to e out a living by doing freelance typ setting at home. "I just could n earn enough," she says. "There wa time when I had to either pay t electric bill or buy groceries, so I them cut off my electricity."

Eventually, she found a full-ti typesetting job, just before the bu ness switched to desktop publishi on computers. She became so pr cient that she's written books desktop publishing and has be hired as a corporate trainer by co panies like United Airlines.

Two years ago, Cyndie launch The World-Wide Power Compa which is based in Arvada, Colora The business sells software ext sions—mini programs that add f tures to existing desktop publishi and graphics software. She has th full-time employees, and her pr ucts are sold in fourteen countri She pays herself a small salary $24,000 a year (though she earns tra from speaking engagements a corporate training sessions). "T company will succeed," Cyndie s adamantly. And it's showing ev sign of doing just that.

Best of all, the stress of worry about whether her son will have f on the table is well behind her. fact, she was able to send Coy, n thirteen, to Space Camp last su mer. "If my son grows up to be astronaut, I'll *(continued on page*

* *Names have been changed to protect the children's privacy.*


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It's your future.
BE THERE.



ZOCOR® is the one cholesterol medicine that's actually been proven to help save the lives of people with high cholesterol and heart disease.

Your future is too valuable a thing to risk with **high cholesterol.** If you do something now, you may improve your chances of being there to play your part.

High cholesterol can lead to heart disease (and death). If you've been trying to lower your cholesterol with diet and exercise and still haven't reached your goal, ask your doctor about adding ZOCOR.

More than 3.1 million people around the world have taken ZOCOR. It works by reducing potentially dangerous levels of LDL (bad) cholesterol in the bloodstream. Results can vary, but ZOCOR is the one medicine that's actually been proven to help save the lives of people with high cholesterol and heart disease.

A landmark five-year study among heart disease patients with high cholesterol demonstrated dramatic results for ZOCOR: fewer cardiac procedures, fewer heart attacks, and 42% fewer deaths from heart disease.

ZOCOR is a prescription drug, so you should ask your doctor or health care professional if ZOCOR is right for you. Some people should not take ZOCOR: people with active liver disease or possible liver problems, women who are pregnant, likely to become pregnant, or are nursing, or people who are allergic to any of its ingredients.

Your doctor may perform blood tests to check your liver function before and during treatment with ZOCOR. Be sure to tell your doctor if you experience any unexplained muscle pain or weakness while taking ZOCOR, since this could be a sign of a serious side effect, and be sure to mention any medication you are taking to avoid possible serious drug interactions.

To get your free copy of "Surviving High Cholesterol," call 1-800-261-5568. Visit our Web site at http://www.zocor.com

Please read the next page for a summary of prescribing information and discuss it with your doctor.

ZOCOR® SIMVASTATIN

Ask your doctor about ZOCOR– the one cholesterol medicine proven to help save lives among people with high cholesterol and heart disease.

- Does my cholesterol level put me at risk?
- Should I consider adding ZOCOR to my diet and exercise plan?
- Could ZOCOR reduce my chances of having a heart attack?
- What are the side effects of ZOCOR?
- What type of results can I expect from ZOCOR?

ZOCOR is indicated as an addition to diet for patients with high cholesterol when diet and exercise are inadequate.

ZOCOR. The cholesterol medicine that helps save lives. MERCK

ZOCOR®
(SIMVASTATIN)

PLEASE READ THIS SUMMARY CAREFULLY, AND THEN ASK YOUR DOCTOR ABOUT ZOCOR. NO ADVERTISEMENT CAN PROVIDE ALL THE INFORMATION NEEDED TO PRESCRIBE A DRUG. THIS ADVERTISEMENT DOES NOT TAKE THE PLACE OF CAREFUL DISCUSSIONS WITH YOUR DOCTOR. ONLY YOUR DOCTOR HAS THE TRAINING TO WEIGH THE RISKS AND BENEFITS OF A PRESCRIPTION DRUG FOR YOU.

USES OF ZOCOR

ZOCOR is a prescription drug that is indicated as an addition to diet for many patients with high cholesterol when diet and exercise are inadequate. For patients with coronary heart disease (CHD) and high cholesterol, ZOCOR is indicated as an addition to diet to reduce the risk of death by reducing coronary death; to reduce the risk of heart attack; and to reduce the risk for undergoing myocardial revascularization procedures (coronary artery bypass grafting and percutaneous transluminal coronary angioplasty).

WHEN ZOCOR SHOULD NOT BE USED

Some people should not take ZOCOR. Discuss this with your doctor.

ZOCOR should not be used by patients who are allergic to any of its ingredients. In addition to the active ingredient simvastatin, each tablet contains the following inactive ingredients: cellulose, lactose, magnesium stearate, iron oxides, talc, titanium dioxide, and starch. Butylated hydroxyanisole is added as a preservative.

Patients with liver problems: ZOCOR should not be used by patients with active liver disease or repeated blood test results indicating possible liver problems. (See WARNINGS.)

Women who are or may become pregnant: Pregnant women should not take ZOCOR because it may harm the fetus. **Women of childbearing age should not take ZOCOR unless it is highly unlikely that they will become pregnant.** If a woman does become pregnant while on ZOCOR, she should stop taking the drug and talk to her doctor at once.

Women who are breast-feeding should not take ZOCOR.

WARNINGS

Liver: About 1% of patients who took ZOCOR in clinical trials developed elevated levels of some liver enzymes. Patients who had these increases usually had no symptoms. Elevated liver enzymes usually returned to normal levels when therapy with ZOCOR was stopped.

Your doctor should perform routine blood tests to check these enzymes before you start treatment with ZOCOR, and periodically thereafter (for example, semiannually) for your first year of treatment or until one year after your last elevation in dose. If your enzyme levels increase, your doctor should order more frequent tests. If your liver enzyme levels remain unusually high, your doctor should discontinue your medication.

Tell your doctor about any liver disease you may have had in the past and about how much alcohol you consume. ZOCOR should be used with caution in patients who consume large amounts of alcohol.

Muscle: Tell your doctor right away if you experience any muscle pain, tenderness, or weakness at any time during treatment with ZOCOR, particularly if you have a fever or if you are generally not feeling well, so your doctor can decide if ZOCOR should be stopped. Some patients may have muscle pain or weakness while taking ZOCOR. Rarely, this can include muscle breakdown resulting in kidney damage. The risk of muscle breakdown is greater in patients taking certain other drugs along with ZOCOR, such as the lipid-lowering drug Lopid* (gemfibrozil), a fibrate; lipid-lowering doses of nicotinic acid (niacin); the antibiotic erythromycin; antifungal drugs that are azole derivatives, such as itraconazole; or drugs that suppress the immune system (called immunosuppressive drugs, such as Sandimmune [cyclosporine]). Therapy with ZOCOR should be temporarily interrupted if you are going to take an azole derivative antifungal medication, such as itraconazole. Patients using ZOCOR along with any of these other drugs should be carefully monitored by their physician. The risk of muscle breakdown is greater in patients with kidney problems or diabetes.**

If you have conditions that can increase your risk of muscle breakdown, which in turn can cause kidney damage, your doctor should temporarily withhold or stop ZOCOR. Such conditions include severe infection, low blood pressure, major surgery, trauma, severe metabolic, endocrine and electrolyte disorders, and uncontrolled seizures. Discuss this with your doctor, who can explain these conditions to you.

Because there are risks in combining therapy with ZOCOR with lipid-lowering doses of nicotinic acid (niacin) or with drugs that suppress the immune system, your doctor should carefully weigh the potential benefits and risks. He or she should also carefully monitor patients for any muscle pain, tenderness, or weakness, particularly during the initial months of therapy and if the dose of either drug is increased. Your doctor may also monitor the level of certain muscle enzymes in your body, but there is no assurance that such monitoring will prevent the occurrence of severe muscle disease.

PRECAUTIONS

Before starting treatment with ZOCOR, try to lower your cholesterol by other methods such as diet, exercise, and weight loss. Ask your doctor about how best to do this. Any other medical problems that can cause high cholesterol should also be treated.

ZOCOR is less effective in patients with the rare disorder known as homozygous familial hypercholesterolemia.

Drug Interactions: Because of possible serious drug interactions, it is important to tell your doctor what other drugs you are taking, including those obtained without a prescription.

ZOCOR® (simvastatin) can interact with Lopid, niacin, erythromycin, certain antifungal drugs, and [illegible] that suppress the immune system (called immunosuppressive drugs, such as Sandimmune). (See WARNINGS, Muscle.)

Some patients taking lipid-lowering agents similar to ZOCOR and coumarin anticoagulants (a type of [illegible] thinner) have experienced bleeding and/or increased blood clotting time. Patients taking these medi[illegible] should have their blood tested before starting therapy with ZOCOR and should continue to be monit[illegible]

Endocrine (Hormone) Function: ZOCOR and other drugs in this class may affect the produc[illegible] certain hormones. Caution should be exercised if a drug used to lower cholesterol levels is admini[illegible] to patients also receiving other drugs (e.g., ketoconazole, spironolactone, cimetidine) that may de[illegible] the levels or activity of hormones. If you are taking any such drugs, tell your doctor.

Central Nervous System Toxicity; Cancer, Mutations, Impairment of Fertility: Like[illegible] prescription drugs, ZOCOR was required to be tested on animals before it was marketed for huma[illegible] Often these tests were designed to achieve higher drug concentrations than humans achieve at r[illegible] mended dosing. In some tests, the animals had damage to the nerves in the central nervous sys[illegible] studies of mice with high doses of ZOCOR, the likelihood of certain types of cancerous tumors incr[illegible] No evidence of mutations or damage to genetic material has been seen. In one study with Z[illegible] there was decreased fertility in male rats.

Pregnancy: Pregnant women should not take ZOCOR because it may harm the fetus.

Safety in pregnancy has not been established. There have been no reports of birth defects in the c[illegible] of patients taking ZOCOR. However, in studies with lipid-lowering agents similar to ZOCOR, the[illegible] been rare reports of birth defects of the skeleton and digestive system. Therefore, women of child[illegible] age should not take ZOCOR unless it is highly unlikely they will become pregnant. If a wom[illegible] become pregnant while taking ZOCOR, she should stop taking the drug and talk to her doctor at or[illegible] active ingredient of ZOCOR did not cause birth defects in rats at 6 times the human dose or in ra[illegible] 4 times the human dose.

Nursing Mothers: Drugs taken by nursing mothers may be present in their breast milk. Becaus[illegible] potential for serious adverse reactions in nursing infants, a woman taking ZOCOR should not [illegible] feed. (See WHEN ZOCOR SHOULD NOT BE USED.)

Pediatric Use: ZOCOR is not recommended for children or patients under 20 years of age.

SIDE EFFECTS

Most patients tolerate treatment with ZOCOR well; however, like all prescription drugs, ZOCOR ca[illegible] side effects, and some of them can be serious. Side effects that do occur are usually mild an[illegible] lived. Only your doctor can weigh the risks versus the benefits of any prescription drug. In clinic[illegible] ies with ZOCOR, less than 1.5% of patients dropped out of the studies because of side effects. In[illegible] long-term study, patients taking ZOCOR experienced similar side effects to those patients taking [illegible] (sugar pills). Some of the side effects that have been reported with ZOCOR or related drugs a[illegible] below. This list is not complete. Be sure to ask your doctor about side effects before taking ZO[illegible] to discuss any side effects that occur.

Digestive System: Constipation, diarrhea, upset stomach, gas, heartburn, stomach pain/[illegible] anorexia, loss of appetite, nausea, inflammation of the pancreas, hepatitis, jaundice, fatty chang[illegible] liver, and, rarely, severe liver damage and failure, cirrhosis, and liver cancer.

Muscle, Skeletal: Muscle cramps, aches, pain, and weakness; joint pain; muscle breakdow[illegible]

Nervous System: Dizziness, headache, insomnia, tingling, memory loss, damage to nerves[illegible] weakness and/or loss of sensation and/or abnormal sensations, anxiety, depression, tremo[illegible] balance, psychic disturbances.

Skin: Rash, itching, hair loss, dryness, nodules, discoloration.

Eye/Senses: Blurred vision, altered taste sensation, progression of cataracts, eye muscle we[illegible]

Hypersensitivity (Allergic) Reactions: On rare occasions, a wide variety of symptoms h[illegible] reported to occur either alone or together in groups (referred to as a syndrome) that appeared to [illegible] on allergic-type reactions, which may rarely be fatal. These have included one or more of the f[illegible] a severe generalized reaction that may include shortness of breath, wheezing, digestive sympt[illegible] low blood pressure and even shock, an allergic reaction with swelling of the face, lips, tongu[illegible] throat with difficulty swallowing or breathing; symptoms mimicking lupus (a disorder in which [illegible] immune system may attack parts of his or her own body); severe muscle and blood vessel infla[illegible] bruises; various disorders of blood cells (that could result in anemia, infection, or blood clott[illegible] lems) or abnormal blood tests; inflamed or painful joints; hives; fatigue and weakness, sensitivi[illegible] light; fever, chills; flushing; difficulty breathing; and severe skin disorders that vary from rash to [illegible] burn-like shedding of skin all over the body, including mucous membranes such as the lin[illegible] mouth.

Other: Loss of sexual desire, breast enlargement, impotence.

Laboratory Tests: Liver function test abnormalities including elevated alkaline phosphatase [illegible] bin; thyroid function abnormalities.

NOTE: This summary provides important information about ZOCOR. If you wi[illegible] more information, ask your doctor or pharmacist to let you read the professional [illegible] and then discuss it with them.

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West Point, PA 19486

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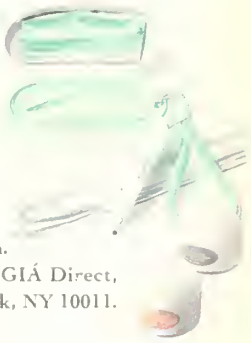
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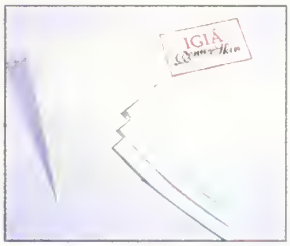
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Cyndie Shaffstall

Indeed, Suzanne spends hours outside the classroom dreaming up educational projects that get kids excited about learning. "Children learn by doing," she says. Parents are encouraged to participate, whether it's helping kids cook to teach them about nutrition, or working with them to build six-foot-tall papier-mâché dinosaurs of their own design.

Through her classroom, Suzanne also brings mothers and fathers together. "Instead of having a room-parent, I ask anyone who wants to do it to sign up, and then I put them on teams," she says. That way, parents can network, something she believes today's families really need.

Her extra efforts are clearly appreciated. Suzanne's classroom desk is full of all the grateful letters she's gotten from parents during her twenty-three years of teaching. Donations are often made in her name to a private education fund that benefits the school district. And one of her classes paid tribute to her by planting a tree in her name in the school courtyard. But the highest praise, she says, is when students slip and call her Mom. As a mother of two kids, she says, "The best thing a child can do is make you feel like you're a part of his or her family." —S.K.J.



Suzanne DeMuth Capobianco

WHAT MAKES WOMEN HAPPY?

Continued from page 50

be delighted," she says. "And I couldn't have given him that without the things that I've accomplished."

—Sharlene K. Johnson

LESSONS IN FULFILLMENT

Women also find happiness within themselves. Seventy-eight percent of the respondents to our survey describe themselves as being "a good person," a quality that makes them proud. And many get their sense of satisfaction from helping others.

When a tiny seven-year-old Korean girl walked into Suzanne DeMuth Capobianco's first-grade classroom one September in Brunswick, New York, the teacher knew she was in for a challenge. Jane didn't speak a bit of English. Suzanne didn't speak a word of Korean.

That didn't stop the two from developing a lasting rapport as they worked together day after day. "By the end of the school year, Jane was reading in my top level in the classroom," says Suzanne, forty-six, proudly.

Mrs. C, as her students at Tamarac Elementary School call her, is used to coping with challenges. "We have kids who are learning-disabled in our group, but they have talents, too," she says. "I use a lot of different techniques to try to reach children."

THE TRUTH ABOUT HAPPINESS

Why are some people happier than others? According to a study at the University of Minnesota, in Minneapolis, the answer may lie in our genes.

In fact, the Minnesota researchers say, genetics may be responsible for a staggering 50 to 80 percent of the variations in happiness levels that people report. What accounts for the rest? "The advantageous things that happen in life," says David Lykken, Ph.D., professor of psychology and one of the study's authors. That includes being in love, having good health and enjoying the support of family and close friends.

In the course of their research, the scientists discovered that we each hav a genetically ordained set point of happiness. And while a person who's genetically predisposed to unhappines may never be completely happy, she can learn to be happier.

"There's a lot you can do to make yourself feel better," says Dean Hame Ph.D., a molecular biologist at the National Institutes of Health, in Bethesd Maryland, who is studying the force of genetics on personality traits. "Call a friend, volunteer, indulge in some chocolate." David G. Myers, Ph.D., a professor of psychology at Hope Colleg in Holland, Michigan, and author of *Th Pursuit of Happiness* (Avon Books, 1993), suggests giving priority to clos relationships and getting involved in religion, which can add meaning to your life. "And definitely act happy," adds. "The way we act has a powerful effect on the way we feel."

Fortunately, psychologists say that Americans are, overall, a happy lot. T reason may once again be genetic. "W know that happier people are healthie people, and it could be that our early ancestors who were doleful didn't do well," explains Lykken. "Simply put, the happy survived."

—Donna Christia


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Every woman's wardrobe has one—an outfit that never fails to make her feel slim, sexy, sophisticated. And what most-loved looks would we find if we peeked in some closets? Here, a stylish sample



"Anyone who knows me from work, where I usually wear a suit, wouldn't believe this is my uniform"

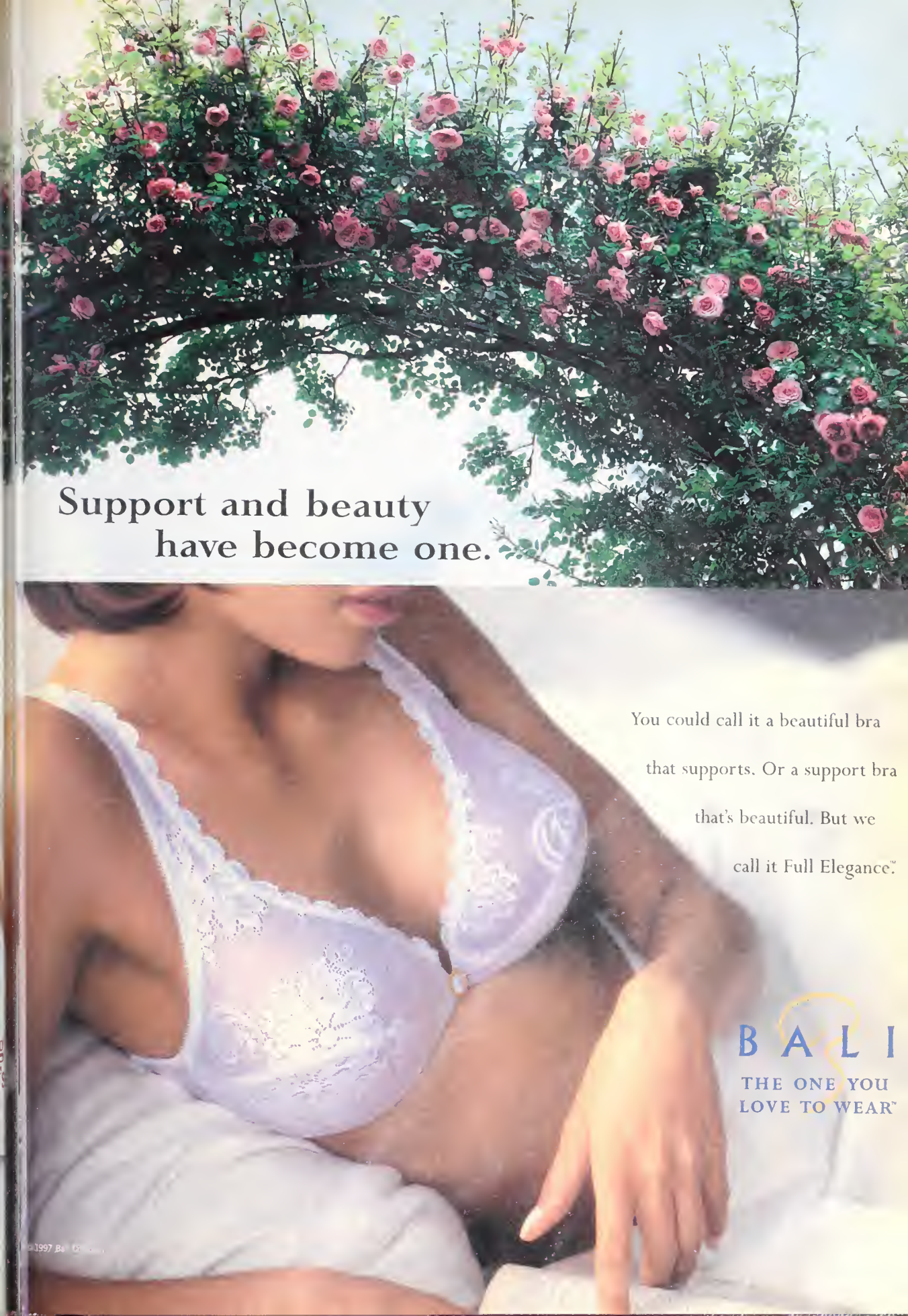
Kathleen Walas, 40+ ▲
Avon executive

"I bought this suede jacket for my husband at the Gap about six years ago, but I started borrowing it almost right away. Now if he wants to wear it, well, he can forget it! The jeans I've had for years, even though they didn't always fit. But running four days a week has solved that problem—and getting to wear these jeans again is a *big* incentive. Every season, I buy fresh white tees as the third leg of my look. The only problem is my teenager, who has his eye on the jacket now!"

Caroline Ellen, 33 ▶
jewelry designer

"Since I create jewelry, a necklace is always the center of my look. This one, which I designed during a trip to Hawaii with my husband, Rick—its shape is inspired by leaves on a tree on a desolate stretch between two volcanos—always reminds me of the romantic time we had. Clothes that are simple and clean-lined make the best backdrop for my jewelry, and I love this cashmere sweater, which was my grandmother's, paired with a long black wrap skirt, because they're so elegantly understated."

"I really don't like to make a big deal out of clothes. Now, jewelry's another issue entirely"


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"A big benefit of being in shape is wearing what you want without feeling self-conscious"

Kacy Duke, 37 ◀
personal trainer

"I bought this Montgomery dress in 1995 when I decided I wasn't happy in my marriage, and looking back, it was a real statement of independence. My ex never liked me to show off my body, and this dress was my way of saying I felt just fine about showing my shape and that I could be a strong, confident woman without a man in my life. The first time I put it on, I knew I'd be okay. I love dresses with drama. And red's my favorite color!"



"In my field, it's important to always look good. This suit is working for me before I even open my mouth"

Maury Rogoff, 41 ▶
P.R. firm president

"This is what I call my barometer suit. If it fits, I know I don't have to diet. I bought it before I was pregnant with my daughter, who's seven. It's an Armani, and was very expensive, but I took a deep breath and bought it because I knew I'd wear it forever. Over the years, I've altered it slightly as fashion has changed, but it is truly a classic, and I always know I'll look wonderful in it, even on my worst days. That alone makes it worth every penny."

Asha Blake, 36 ▶
news anchorwoman

"I've been in-line skating since the early 1980s—in fact, I bought my first pair of 'blades from the guy who invented them. After my daughter was born two years ago, I had quite a bit of weight to lose, and it was a big deal for me to get back on my skates—and into this Danskin unitard and my favorite jacket. Now I only have seven stubborn pounds to go!"



"People see you on the news and they think you're a serious person. This is how I show my fun side!"



Depression saddens.

Depression is a real illness with real causes. It can be triggered by stressful life events. Even happy events–like the holidays, a graduation or the birth of a baby–can cause stress that leads to depression in some people. Or depression can appear suddenly, for no apparent reason.

Some people think you can just will yourself out of a depression. That's not true. When you're clinically depressed, one thing that can happen is the level of serotonin (a chemical in your body) may drop. So you may have trouble sleeping. Feel unusually sad or irritable. Find it hard to concentrate. Lose your appetite. Lack energy. Or have trouble feeling pleasure. These are some of the symptoms that can point to depression–especially if they last for more than a couple of weeks and if normal, everyday life feels like too much to handle.

To help bring serotonin levels closer to normal, the medicine doctors now prescribe most often is Prozac.® Prozac isn't a "happy pill." It's not a tranquilizer. It won't take away your personality. Depression can do that, but Prozac can't.

Prozac has been carefully studied for nearly 10 years. Like other antidepressants, it isn't habit-forming. But some people do experience mild side effects, like upset stomach, headache



Prozac can help.

ficulty sleeping, drowsiness, anxiety and rvousness. These tend to go away within a few eks of starting treatment, and usually aren't ious enough to make most people stop taking However, if you are concerned about a side ct, or if you develop a rash, tell your doctor t away. And don't forget to tell your doctor ut any other medicines you are taking. Some ple should not take Prozac, especially people MAO inhibitors.

As you start feeling better, your doctor can gest therapy or other means to help you work ugh your depression. Remember, Prozac is escription medicine, and it isn't right for everyone. Only your doctor can decide if Prozac is right for you—or for someone you love. Prozac has been prescribed for more than 17 million Americans. Chances are someone you know is feeling more again because of it.

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Welcome back.

Please see important information on following page.

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Prozac®
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Brief Summary. Consult the package insert for complete prescribing information.

Indications: For the treatment of depression, obsessive-compulsive disorder (OCD) and bulimia nervosa.

Contraindications: Known hypersensitivity to Prozac.

Monoamine Oxidase Inhibitors—There have been reports of serious, sometimes fatal, reactions in patients receiving fluoxetine in combination with an MAOI and in patients who have recently discontinued fluoxetine and are then started on an MAOI. Some cases presented with features resembling neuroleptic malignant syndrome.

Wait at least 14 days between discontinuing an MAOI and starting therapy with Prozac. Because of the long half-lives of fluoxetine and its active metabolite, wait at least 5 weeks (or longer, if fluoxetine has been prescribed chronically and/or at higher doses) between discontinuing Prozac and starting therapy with an MAOI. Prozac should not be used concomitantly with MAOIs.

Warnings: *Rash and Possibly Allergic Events*—In US fluoxetine clinical trials, 7% of 10,782 patients developed various types of rashes and/or urticaria. Among the cases reported in premarketing clinical trials, almost a third of these discontinued therapy because of rash and/or associated systemic signs or symptoms. Reported in association with rash were fever, leukocytosis, arthralgias, edema, carpal tunnel syndrome, respiratory distress, lymphadenopathy, proteinuria, and mild transaminase elevation. Most patients improved promptly upon discontinuation of fluoxetine and/or adjunctive treatment with antihistamines or steroids, and all were reported to recover completely.

Of 2 patients who developed a serious cutaneous systemic illness during premarketing clinical trials, 1 was considered to have a leukocytoclastic vasculitis, and the other, a severe desquamating syndrome considered variously to be a vasculitis or erythema multiforme. Other patients have had systemic syndromes suggestive of serum sickness.

Since the introduction of Prozac, systemic events possibly related to vasculitis have developed in patients with rash. Although these events are rare, they may be serious, involving the lung, kidney, or liver. Death has been reported to occur in association with these systemic events.

Anaphylactoid events, including bronchospasm, angioedema, and urticaria, alone and in combination, have been reported.

Pulmonary events, including inflammatory processes of varying histopathology and/or fibrosis, have been reported rarely. These events have occurred with dyspnea as the only preceding symptom.

Whether these systemic events and rash have a common underlying cause or are due to different etiologies or pathogenic processes is not known. Upon the appearance of rash or of other possibly allergic phenomena for which an alternative etiology cannot be identified, Prozac should be discontinued.

Precautions: —*General*—The following events occurred in controlled clinical trials. See Tables 1 and 2 also.

- *Anxiety and Insomnia.*
- *Altered Appetite and Weight*—Significant weight loss may be an undesirable result of treatment. Weight change should be monitored during treatment of bulimia.
- *Activation of Mania/Hypomania*—In all US Prozac clinical trials, reported by 0.7% of 10,782 patients.
- *Seizures*—Introduce Prozac with care in patients with a history of seizures. In all US Prozac clinical trials, 0.2% of 10,782 patients reported convulsions.
- *Suicide*—Close supervision of high-risk patients should accompany initial drug therapy.
- *Long Elimination Half-Lives of Fluoxetine and Its Metabolites*—Because of the long elimination half-lives of the parent drug (1 to 3 days after acute administration and 4 to 6 days after chronic administration) and its major active metabolite (4 to 16 days after acute and chronic administration), changes in dose will not be fully reflected in plasma for several weeks, affecting both strategies for titration to final dose and withdrawal from treatment.
- *Use in Patients With Concomitant Illness*—Caution is advisable in patients with diseases or conditions that could affect metabolism or hemodynamic responses.
- *Interference With Cognitive and Motor Performance*—Patients should be cautioned about operating hazardous machinery, including automobiles, until they are reasonably certain that the drug does not affect them adversely.
- *Information for Patients*—Physicians should advise their patients to notify them if they:
  - are taking or plan to take any prescription or over-the-counter drugs or alcohol
  - become pregnant or intend to become pregnant during therapy
  - are breast feeding an infant
  - develop a rash or hives
- *Drug Interactions*
  - Drugs Metabolized by P450IID6—Therapy with medications that are predominantly metabolized by the P450IID6 system, especially those that have a relatively narrow therapeutic index (eg, flecainide, vinblastine, and tricyclic antidepressants) should be initiated at the low end of the dosage range if a patient is receiving fluoxetine concurrently or has taken it in the previous 5 weeks. Alternately, the addition of fluoxetine to the treatment regimen of a patient already receiving a drug metabolized by P450IID6 may require a decreased dose of the original medication.
  - Drugs Metabolized by Cytochrome P450IIIA4—Data indicate that fluoxetine's extent of inhibition of cytochrome P450IIIA4 activity is not likely to be of clinical significance.
  - CNS Active Drugs—Caution is advised. Consideration should be given to using lower initial doses of the concomitantly administered drugs, using conservative titration schedules, and monitoring of clinical status.

    Anticonvulsants—Patients on stable doses of phenytoin and carbamazepine have developed elevated plasma anticonvulsant concentrations and clinical anticonvulsant toxicity.

    Antipsychotics—Some clinical data suggest a possible pharmacodynamic and/or pharmacokinetic interaction between SSRIs and antipsychotics.

    Benzodiazepines—The half-life of concurrently administered diazepam may be prolonged in some patients. Coadministration of alprazolam and fluoxetine has resulted in increased alprazolam plasma concentrations and in further psychomotor performance decrement due to increased alprazolam levels.

    Lithium—There have been reports of both increased and decreased lithium levels and lithium toxicity.

    Tryptophan—Five patients receiving tryptophan experienced adverse reactions, including agitation, restlessness, and gastrointestinal distress.

    Monoamine Oxidase Inhibitors—See Contraindications.

    Other Antidepressants—Previously stable plasma levels of imipramine and desipramine have increased greater than 2- to 10-fold when concomitantly administered with fluoxetine.
  - Drugs Tightly Bound to Plasma Proteins—A shift in plasma concentrations or displacement of fluoxetine may result in adverse effects.
  - Warfarin—Reports of altered anti-coagulant effects, including increased bleeding. Careful coagulation monitoring is recommended when fluoxetine is initiated or stopped.
  - Electroconvulsive Therapy—Rare reports of prolonged seizures in patients on fluoxetine receiving ECT.
- *Carcinogenesis, Mutagenesis, Impairment of Fertility*—There is no evidence of carcinogenicity, mutagenicity, or impairment of fertility with Prozac.
- *Pregnancy—Pregnancy Category C*—In embryo-fetal development studies in rats and rabbits, there was no evidence of teratogenicity at doses of up to 1.5 and 3.6 times, respectively, the MRHD (maximum recommended human dose) of 80 mg on a mg/m² basis throughout organogenesis. In the surviving offspring of rats treated at 1.5 times the MRHD, there was no evidence of developmental neurotoxicity. However, in rat reproduction studies, an increase in stillborn pups, a decrease in pup weight, and an increase in pup deaths during the first 7 days postpartum occurred following maternal exposure to 1.5 or 0.9 times the MRHD on a mg/m² basis during gestation or gestation and lactation, respectively. Prozac should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.
- *Labor and Delivery*—The effect of Prozac is unknown. Prozac should be used only if the potential benefit justifies the potential risk to the fetus.
- *Nursing Mothers*—Prozac is excreted in human milk. Nursing while on Prozac is not recommended.
- *Pediatric Use*—Safety and effectiveness in pediatric patients have not been established.
- *Usage in the Elderly*—Evaluation of patients over age 60 who received Prozac, 20 mg, daily revealed no unusual pattern of adverse events relative to the clinical experience in younger patients. However, these data are insufficient to rule out possible age-related differences during chronic use, particularly in elderly patients with concomitant systemic illnesses or those receiving concomitant drugs.
- *Hyponatremia*—Hyponatremia (some cases with serum Na lower than 110 mmol/L) has been reported which appeared to be reversible on drug discontinuation. Some cases were possibly due to SIAOH, and the majority have been in older patients and those taking diuretics or who were otherwise volume depleted.
- *Platelet Function*—Rare reports of altered platelet function and/or abnormal results from laboratory studies in patients taking fluoxetine. While there have been reports of abnormal bleeding in several patients taking fluoxetine, it is unclear whether fluoxetine had a causative role.

Adverse Reactions: It is important to emphasize that events reported during therapy were not necessarily caused by it.

Incidence in US Placebo-Controlled Clinical Trials (excluding data from extensions of trials)—Table 1 enumerates pooled data on treatment-emergent adverse events that occurred in 2% or more patients treated with Prozac and with incidence greater than placebo in the treatment of depression, OCD, or bulimia. See full prescribing information for table of treatment-emergent adverse events for each indication.

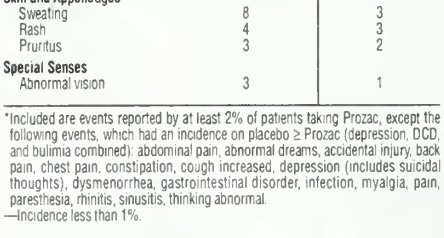
Table 1.

TREATMENT-EMERGENT ADVERSE EVENTS: INCIDENCE IN US DEPRESSION, OCD, AND BULIMIA PLACEBO-CONTROLLED CLINICAL TRIALS

	Percentage of Patients Reporting Event	
	Depression, OCD, and bulimia combined	
Body System/ Adverse Event*	Prozac (N=2444)	Placebo (N=1331)
Body as a Whole		
Headache	21	20
Asthenia	12	6
Flu Syndrome	5	4
Fever	2	1
Cardiovascular System		
Vasodilatation	3	1
Palpitation	2	1
Digestive System		
Nausea	23	10
Diarrhea	12	8
Anorexia	11	3
Dry mouth	10	7
Dyspepsia	8	5
Flatulence	3	2
Vomiting	3	2
Metabolic and Nutritional disorders		
Weight loss	2	1
Nervous System		
Insomnia	20	11
Anxiety	13	8
Nervousness	13	9
Somnolence	13	6
Dizziness	10	7
Tremor	10	3
Libido decreased	4	—
Respiratory System		
Pharyngitis	5	4
Yawn	3	—
Skin and Appendages		
Sweating	8	3
Rash	4	3
Pruritus	3	2
Special Senses		
Abnormal vision	3	1

*Included are events reported by at least 2% of patients taking Prozac, except the following events, which had an incidence on placebo ≥ Prozac (depression, OCD, and bulimia combined): abdominal pain, abnormal dreams, accidental injury, back pain, chest pain, constipation, cough increased, depression (includes suicidal thoughts), dysmenorrhea, gastrointestinal disorder, infection, myalgia, pain, paresthesia, rhinitis, sinusitis, thinking abnormal.

—Incidence less than 1%.



Associated With Discontinuation in US Placebo-Controlled Clinical Trials (excluding data from extensions of trials)—Table 2 lists the adverse events associated with discontinuation of Prozac treatment (incidence at least twice that for placebo and at least 1% for Prozac in clinical trials) in depression, OCD, and bulimia.

Other Events Observed In All US Clinical Trials—Frequent adverse events are defined as those occurring on 1 or more occasions in at least 1/100 patients; infrequent adverse events are those occurring in 1/100 to 1/1,000 patients; rare events are those occurring in less than 1/1,000 patients.

Table 2.

MOST COMMON ADVERSE EVENTS ASSOCIATED WITH DISCONTINUATION IN US DEPRESSION, OCD, AND BULIMIA PLACEBO-CONTROLLED CLINICAL TRIALS

Depression, OCD, and bulimia combined	Depression	OCD	Bulimia
—	—	Anxiety (2%)	—
Insomnia (1%)	Insomnia (1%)	—	Insomnia (2
—	Nausea (1%)	—	—
Nervousness (1%)	Nervousness (1%)	—	—
—	—	Rash (3%)	—

Body as a Whole—*Frequent:* chills; *Infrequent:* chills and fever, face ed intentional overdose, malaise, pelvic pain, suicide attempt; *Rare:* abdor syndrome acute, hypothermia, intentional injury, neuroleptic malignant syndr photosensitivity reaction.

Cardiovascular System—*Frequent:* hemorrhage, hypertension; *Infreq* angina pectoris, arrhythmia, congestive heart failure, hypotension, migr myocardial infarct, postural hypotension, syncope, tachycardia, vascular head *Rare:* atrial fibrillation, bradycardia, cerebral embolism, cerebral ische cerebrovascular accident, extrasystoles, heart arrest, heart block, pallor, perip vascular disorder, phlebitis, shock, thrombophlebitis, thrombosis, vasosp ventricular arrhythmia, ventricular extrasystoles, ventricular fibrillation.

Digestive System—*Frequent:* increased appetite, nausea and vom *Infrequent:* aphthous stomatitis, cholelithiasis, colitis, dysphagia, eructa esophagitis, gastritis, gastroenteritis, glossitis, gum hemorrhage, hypercholorh increased salivation, liver function tests abnormal, melena, mouth ulcer nausea/vomiting/diarrhea, stomach ulcer, stomatitis, thirst; *Rare:* biliary bloody diarrhea, cholecystitis, duodenal ulcer, enteritis, esophageal ulcer, incontinence, gastrointestinal hemorrhage, hematemesis, hemorrhage of e hepatitis, intestinal obstruction, liver fatty deposit, pancreatitis, peptic ulcer, hemorrhage, salivary gland enlargement, stomach ulcer hemorrhage, t edema.

Endocrine System—*Infrequent:* hypothyroidism; *Rare:* diabetic acid diabetes mellitus.

Hemic and Lymphatic System—*Infrequent:* anemia and ecchymosis; blood dyscrasia, hypochromic anemia, leukopenia, lymphedema, lymphocy petechia, purpura, thrombocythemia, thrombocytopenia.

Metabolic and Nutritional—*Frequent:* weight gain; *Infrequent:* dyhydr generalized edema, gout, hypercholesteremia, hyperlipemia, hypokal peripheral edema; *Rare:* alcohol intolerance, alkaline phosphatase increased increased, creatine phosphokinase increased, hyperkalemia, hyperuric hypocalcemia, iron deficiency anemia, SGPT increased.

Musculoskeletal System—*Infrequent:* arthritis, bone pain, bursitis, leg cr tenosynovitis; *Rare:* arthrosis, chondrodystrophy, myasthenia, myopathy, my osteomyelitis, osteoporosis, rheumatoid arthritis.

Nervous System—*Frequent:* agitation, amnesia, confusion, emotional l sleep disorder; *Infrequent:* abnormal gait, acute brain syndrome, akathisia, ataxia, buccoglossal syndrome, CNS depression, CNS stimul depersonalization, euphoria, hallucinations, hostility, hyperkinesia, hype hypesthesia, incoordination, libido increased, myoclonus, neuralgia, neurc neurosis, paranoid reaction, personality disorder,* psychosis, vertigo; abnormal electroencephalogram, antisocial reaction, circumoral paresthesia, delusions, dysarthria, dystonia, extrapyramidal syndrome, foot hyperesthesia, neuritis, paralysis, reflexes decreased, reflexes increased, stu

Respiratory System—*Infrequent:* asthma, epistaxis, hiccup, hyperventil *Rare:* apnea, atelectasis, cough decreased, emphysema, hemop hypoventilation, hypoxia, larynx edema, lung edema, pneumothorax, stridor.

Skin and Appendages—*Infrequent:* acne, alopecia, contact dermatitis, e maculopapular rash, skin discoloration, skin ulcer, vesiculobullous rash furunculosis, herpes zoster, hirsutism, petechial rash, psoriasis, purpuri pustular rash, seborrhea.

Special Senses—*Frequent:* ear pain, taste perversion, tinnitus; *Infre* conjunctivitis, dry eyes, mydriasis, photophobia; *Rare:* blepharitis, de diplopia, exophthalmos, eye hemorrhage, glaucoma, hyperacusis, intis, pa scleritis, strabismus, taste loss, visual field defect.

Urogenital System—*Frequency:* urinary frequency; *Infrequent:* abo albuminuria, amenorrhea,† anorgasmia, breast enlargement, breast pain, dysuria, female lactation,† fibrocystic breast,† hematuria, leuko menorrhagia,† metrorrhagia,† nocturia, polyuria, urinary incontinence, retention, urinary urgency, vaginal hemorrhage†; *Rare:* breast engorg glycosuria, hypomenorrhea,† kidney pain, oliguria, priapism,† hemorrhage,† uterine fibroids enlarged.†

*Personality disorder is the COSTART term for designating nonagg objectionable behavior.

†Adjusted for gender.

Postintroduction Reports—Voluntary reports of adverse events ter associated with Prozac that have been received since market introduction may have no causal relationship with the drug include the following: anemia, atrial fibrillation, cerebral vascular accident, cholestatic ja confusion, dyskinesia (including, for example, a case of buccal-lingual-mas syndrome with involuntary tongue protrusion reported to develop in a 77- female after 5 weeks of fluoxetine therapy and which completely resolved next few months following drug discontinuation); eosinophilic pneu epidermal necrolysis, erythema nodosum, exfoliative dermatitis, gynec heart arrest, hepatic failure/necrosis, hyperprolactinemia, immune hemolytic anemia, kidney failure, misuse/abuse, movement disorders deve patients with risk factors including drugs associated with such eve worsening of preexisting movement disorders, neuroleptic malignant syn like events, pancreatitis, pancytopenia, priapism, pulmonary embol prolongation, Stevens-Johnson syndrome, sudden unexpected death, ideation, thrombocytopenia, thrombocytopenic purpura, vaginal bleeding a withdrawal, and violent behaviors.

Overdosage: Prominent symptoms of overdose included nausea and vor well as agitation, restlessness, hypomania, and other signs of CNS excita

In managing overdosage, consider the possibility of multiple drug invo A specific caution involves patients taking or recently having taken fluoxe might have ingested excessive quantities of a TCA. Accumulation of th tricyclic and an active metabolite may increase the possibility of clinically s sequelae and extend the time needed for close medical observation (s Antidepressants *under* Precautions).

Reports of death attributed to overdosage of fluoxetine alone ha extremely rare.

PV2472—DPP

Additional information available to the profession on request.

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– Oleg Cassini



Photos courtesy of John F. Kennedy Library, The Arthur B. Rickerby Collection and UPI/Corbis-Bettman.

Doll shown smaller than actual size of 15⅛" (38.42 cm) in height. Trunk and other ensembles pictured are sold separately.

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One Sharp Dresser

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HOME FACT

Home repair as political statement? While only 63 and 54 percent of Republicans and Democrats, respectively, claim to be do-it-yourselfers, among Independents, 72 percent will roll up their sleeves.

the BEST winter garden prep



The smartest way to save time resurrecting your garden next spring is to invest some time now. "Properly putting your garden to bed eliminates major cleanup next year," says John Pohly, a horticulturist at Colorado State University, in Fort Collins, "and helps your plants survive the harsh weather." Here's how:

Garden plot Remove all dead annuals and discard diseased plant matter or weeds. Using a spade or tiller, turn garden soil to break up clumps and kill insects by exposing them to the elements. Work organic material such as manure and peat into the soil.

Bulbs Plant spring-flowering bulbs such as tulips no later than three weeks before the time the ground in your area typically freezes. Follow your nursery's planting guidelines.

Perennials After the ground freezes, trim perennials back to within 6 inches of the soil, then cover with a lightweight mulch such as straw or shredded, non-diseased leaves.

Roses Mulch over the roses' base, where the long branches emerge, but do not prune until the spring to avoid open wounds that cause moisture loss.

Shrubbery and Trees Scattering a two-inch-deep layer of mulch around—but not touching—the trunks of all shrubs and trees will maintain moisture year-round. Trees less than three years old benefit from a burlap trunk wrap for protection from temperature extremes and sun scald.

—Arricca Elin SanSone



Ask the expert

Q I DON'T HAVE ENOUGH ROOM IN MY KITCHEN TO STOW SMALL ITEMS AND APPLIANCES. WHAT ARE SOME ALTERNATIVES FOR MAKING SPACE?

A "A baker's rack is a practical solution for any kitchen-cupboard overflow problem," says Debra Fritz, a Target home-decor consultant. "It's great for storing linens, glassware, cookbooks, small appliances, bowls and other serving pieces." Another tip: Use the area between the top of your cabinets and the ceiling to display decorative baskets, bowls and platters until they need to be called into action.

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"He's My Best Friend"

Who says your closest pal can't be a man? By Diane Goldner



Pals-turned-partners Blake Burr and Stephen McNea with daughters Mahal, seven, and Kala, eighteen mo



Sue Levy and Jon Boroshok, friends since childhood



Dianne Ghaster (left), Harry Devereux an Joan O'Brien—the "three musketeers"

Not so long ago, an unrelated man and woman having lunch together could easily give rise to gossip. The only possible intercourse between the sexes was assumed to be—well, intercourse.

Obviously, times have changed. But how much? While most of us now count men among our friends, we would also readily concede that those friendships are, as one woman puts it, "just different." And a school of thought persists—stoked by books, movies and popular songs—that opposite-sex friendships are inevitably fraught with sexual tension.

But is that really true? Certainly, genuine friendship between men and women does evolve naturally today in ways that rarely occurred even thirty years ago. "When you work together as peers, you view people as your buddies, not as sexual objects," says Chicagoan Harry Devereux, an attorney whose two best friends are women.

Yet it seems that the more things change. . . . Most of the men we talked to acknowledged that their female friends were seldom just "one of the guys." For starters, there *is* the matter of sex. "You can never get away from that," says John Kaplan, a married insurance broker from Indianapolis, who says most of his friends are women. "Men are men. Women are women. It wouldn't be any fun if there weren't a certain flirtation going on. But it doesn't have to be predatory."

To judge from the five relationships portrayed here, and the dozens of other men and women we talked to, attraction often plays a role in opposite-sex friendships, but that does not necessarily translate into sexual attraction. "We're like brother and sister," we heard again and again. Sex is something that Barbara Moore, a single business consultant from Los Angeles, enjoys sharing with her good friend Edward—conversationally. "I cuss stuff with Edward that I c never talk about with a boyfrie she says. "It wouldn't be romanti Is she attracted to Edward? Not se ually, she says, adding, "It's more a sibling relationship."

As the following stories demo strate, an opposite-sex friendship ten provides the best of both world the excitement and chemistry of a romance without the myriad compli cations of sex. Then again, friendship can sometimes be the perfect springboard into a lasting love affair.

We Three

"We're like the three musketeers." says Harry Devereux, forty-three, his friendship with Joan O'Brie forty, and Dianne Ghaster, fort three. "We're really, really close."

Their friendship was *(continue*

formed nearly a decade ago, in the crucible of the Cook County State's Attorney's office. All were fledgling prosecutors trying rapes and murders together. What's more, they shared a single office. "If you were on the phone," says Dianne of those boot-camp days, "the other two were pretty much on the phone with you."

Working late into the night and on weekends, too, they painstakingly built their cases, even tracking down witnesses in Chicago's roughest neighborhoods. To unwind after a grueling trial, they would take leisurely lunches. The three became so tight that some people in the office began to speculate that more than friendship was involved. "There were rumors that I was dating Dianne," recalls Harry, who, like Joan, has been married for many years. "But after a while, they went away."

Although they now work in different divisions of the State's Attorney's office, the trio remain best friends. They still get together regularly for dinner—just the three of them. "Even having a colleague join us changes the dynamic," says Harry. They celebrate one another's birthdays, and every year, a week before Christmas, they toast the season with a meal at a fancy restaurant followed by a carriage ride, during which they sing carols. They also throw a summer barbecue together.

Harry's wife, Madeline, "found it a little odd at first," says Harry. "Then I pointed out that her best friends in her office were men." Joan's husband is thrilled. "If there's a crappy movie he doesn't want to see or a new restaurant he doesn't want to try," she observes, "he'll say, 'Oh, Harry and Dianne will go.'"

There's this theory that a man can never be friends with a woman; that's he's always trying to get her in bed," says Harry. "That's often



College chums Eric Tanenblatt and Alison Flodin-Veitch

"If I called him in the middle of the night and asked him to drive eight hours, he would"



Soul mates Karen Kelly and Charles Winecoff

true." Then, laughing, he hastily adds, "But not always."

Schoolmates

"Of all my friends throughout my whole life, the one person who's consistently been there is Ali," says Eric Tanenblatt, thirty-one, a public relations executive, of his best friend since college, Alison Flodin-Veitch.

The pair became constant companions their sophomore year at Emory University, in Atlanta, when they were resident assistants in the same dormitory.

Eating together at night and taking the same classes during the day, the two were together so much, says Eric, who lives in Atlanta with his wife, Mary, and sixteen-month-old son, Matthew, that "people thought something was going on." But getting romantically involved with Alison "never crossed my mind," he says. Alison agrees: "Dating Eric would have been like dating my brother."

Part of it was timing. From the beginning, Alison had a steady boyfriend—and then a fiancé. (The fiancé is now her husband, Will, a manager for a mattress company in Nissequoge, New York, where the couple lives with their one-and-a-half-year-old daughter, Amelia.) So she never felt even a slight pang of longing.

Fortunately, the boundaries were always clear. Several times a year, the two drove together from New York, where their parents live, to Atlanta. Sometimes they even shared a motel bed. Once, in the middle of the night, Alison heard Eric groan. "She rolled over and called me Will," he remembers. "I called her Gwen [his girlfriend at the time]. Then we both woke up."

"I think we both screamed," she recalls, giggling.

Through every stage of their lives, they've talked and talked—about politics, religion, relationships, jobs. These days it's mostly by phone. By now, the spouses have also become fast friends, and the topic on everyone's mind is children. Alison and Will's daughter is just a few months older than Eric and Mary's son. "Eric and I are hoping," says Alison, "that Amelia and Matthew grow up to be just as good friends as we are."

Harry, Meet Sally

They met a dozen years ago, on a San Diego city bus. Blake Burr, thirty-four, an aspiring writer, noticed Stephen McNeal, now forty-one, because Stephen was reading a stack of short stories from a fiction-writing class he was taking. The two began chatting and instantly hit it off. Soon, Blake was thinking of the strapping six-five former Air-Force medic as "my big brother." *(continued on page 80)*

Estrogen is good.

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The natural estrogen your body makes does some very good things. It helps keep your bones strong and your cholesterol low. The problem is, after menopause, your body makes 80% less estrogen.

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Estrogen is bad.

bleeding, spotting, bloating, breast tenderness, and migraines. And many women have serious worries about a possible link between estrogen replacements and cancer.

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"HE'S MY BEST FRIEND"

Continued from page 77

Stephen had a different relationship in mind, but Blake managed to deflect his amorous advances. "I wasn't interested in him in that way," she explains. "I was too intimidated." Also, Stephen was still emotionally wrapped up with an ex-girlfriend.

Eventually, Stephen took a job teaching English in Cali, Colombia, before moving on to Saudi Arabia. Blake moved to Minneapolis, became a single mom to Mahal, now seven, and later relocated to Memphis. The pair continued to write to each other, and every few years, when Stephen dropped in on American soil, he would call Blake.

In 1993, a year after returning to the United States, Stephen decided to visit his friends around the country. Blake was on his list.

Stephen arrived in Memphis on a Friday night. The following afternoon, he, Blake and Mahal went for a walk, and Mahal cut her knee. They rushed her to an emergency room, and in that unlikely setting, romance blossomed. "Everyone at the hospital treated us as a family," Blake recalls. The proverbial bell went off in her head, and "from that moment on, I saw him differently."

Now, they *are* a family. Blake and Stephen got married in July 1994, and in 1996 their daughter Kala was born. She is named after Kayla Laserson, a woman who was Stephen's best friend when he was living in Colombia.

The transition from friends to lovers has not been without its rough patches. For one thing, Stephen, who now teaches English at a Memphis high school, had to let go of Blake's earlier rejection of him. But their long history together has major pluses. "He's got more perspective about me than my old boyfriends ever did," says Blake, a computer-training instructor. "But then, he's always been a good listener."

My Best Friend's Wedding

When Sue Levy's closest friend, Jon Boroshok, thirty-seven, got married last October, she walked down the aisle—as "best woman."

"He had his brother, but he wanted me there, too," says Sue, thirty-five, of her childhood pal, who works for a computer company in Concord, Massachusetts. "I wore a bridesmaid's dress, but I stood on his side."

A stay-at-home mother of three who lives in a New York City suburb, Sue has known Jon since she was eight years old. Their families both vacationed in the same area in the Berkshire Mountains of Massachusetts, and every summer, Sue and Jon would play Capture the Flag, and swim in a nearby lake. One summer, as curious teenagers, they even kissed. But they never fell in love—not even for a minute. When they got older, they would meet for lunch in New York City, talk on the phone and calm each other down before dates and final exams. Then Sue met Brett, the man to whom she has now been married for ten years. "Brett would come

the Berkshires," says Jon, "and he'd stay with me."
Before Jon knew it, he was the bachelor "uncle," attending birthday parties for Sue and Brett's growing clan. "Sue's kind of like the sister I never had," says Jon. "She's probably the most loyal person I've ever known."
And, like a doting sister, Sue is thrilled that Jon has found a mate (he met Caren, his wife, through an online bulletin board for singles). "I'd been wanting him to find the right person," she says. "He's the most incredible guy. If I called him in the middle of the night and asked him to drive eight hours, he would. I don't have another friend like that."

Romance Without Sex

Karen Kelly, a New York–based book editor, and Charles Winecoff, a writer, have always inspired and comforted each other, especially about work. If you saw them together—heads bowed, whispering—you might assume they were lovers. But they're not. They're something much rarer: truly good friends.
They met in 1989 when both toiled for the same publishing company. "My job was to read all day," recalls Charles, thirty-seven. "I couldn't sit that still for more than a few hours, so I'd go start conversations. Karen was very receptive."
Casual lunches quickly developed into a deep bond based on mutual support and trust—and a fundamental compatibility. "We just clicked," says Karen, who is married. "And we could commiserate about work."
"Our psychology is very similar," agrees Charles. "We think through the same things at the same time."
Before long, Karen moved on to a new job, and Charles began work on a biography, *Split Image: The Life of Anthony Perkins* (Plume, 1997). When Karen got caught in the crossfire of nasty office politics, Charles urged her to write a book, too. With his encouragement, she finished *The Twelve Truths About Surviving and Succeeding in the Office—And Some of Them Aren't Very Nice* (Pickley, 1997), written under her pen name, Karen Kendall. Then, she got a great new job.
"Whenever I've been upset, Charles has been there for me," says Karen. "We have a very emotional relationship." Her husband, Randy, a musician, has no complaints. "He's very glad I have Charles."
"It lightens his load," jokes Charles, whose own romantic partners are not always so accommodating. "They sometimes get jealous, because she was there first," he admits.
Fortunately, he is not daunted by their lack of understanding. "Charles is always emotionally dependable," says Karen. "We can spend a half hour on the phone, just laughing."
"We have our own private language," notes Charles. "We communicate so much, saying so little." •

Dale Goldner, a contributing editor at Variety, is writing a book on spiritual healing to be published next year by Hampton Roads.



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The Roby winners celebrate their victory

The Town that Won the Lottery

A year ago things in Roby, Texas, were so grim that residents believed only winning the lottery could save them. So they formed a pool—and hit the jackpot By Tom Curtis

At a shade after ten P.M. on November 27 last year, Peggy Dickson was in her kitchen making a caramel pie to take to Thanksgiving dinner the next day at her mother's house. Peggy, forty-nine, works as a bookkeeper for the struggling Terry Cotton Gin, where seeds, hulls and other matter are separated from the cotton grown by the farmers near the tiny town of Roby, Texas.

Barely thirty-six hours earlier, Peggy had initiated the gin's first lottery pool. By the time she'd bought the tickets, forty-three people, mostly relatives, friends and customers of the gin, had decided to risk $10 apiece against astronomical odds that they could win a jackpot, estimated at $50 million.

At home with Peggy that evening, watching the ten o'clock news and waiting for the winning lottery numbers to be announced, was her younger son, Nick, twenty-three. While he was scanning the tickets the pool had purchased, the telephone rang. "Peggy, we won!" yelled her brother, Big Mike Terry, fifty, over the line. Just then Nick found the winning numbers on a ticket in front of him and shot to his feet. "We won!" he shouted.

"Oh, my goodness!" said Peggy, stunned. "I've got to start calling all the others."

One of her first calls was to Lance Green, who works at the gin. At 10:10 his phone rang and Peggy screamed, "We got all six numbers!" She was crying and laughing at the same time.

Eager to spread the good news, Big Mike contacted a few fellow winners himself. One of his calls was to Freddie Max Stuart, sixty-five, whose son Brad was also a winner.

When Big Mike told him they'd all won, Freddie "felt like the girl who went to the door after getting out of the shower and learned she'd won the Publisher's Clearing House Sweepstakes. She near to dropped her towel."



Peggy Dickson's lottery pool brought luck to the small town



A change in fortunes

As the months rolled on after the big win by "The Roby 43," as they came to be called, something very odd happened. Nobody who won quit his job or left town. Nobody did anything wildly extravagant.

Oh, a few took their first vacation in years, one couple broke ground on a new home they are building themselves, and two others bought modest new homes to replace their old ones. But in a town where one of every fifteen residents has become a millionaire, folks mostly paid bills and went on with their lives. To understand why, you have to know a little about the plight of family farmers, who account for about three quarters of the winners, and the lives of the other hardworking folks who live in Roby, population 616, situated in Fisher County, halfway between Dallas and El Paso. *(continued)*


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Manuel and Susie Valdez can now afford to hang on to their restaurant

A close-knit farming and ranching community, Roby had seen more than its share of bad luck in recent years. By the fall of 1996, west Texas had suffered through a withering three-year drought, and many Roby cotton farmers were deeper in debt than they'd ever been. They were desperate at the looming prospect of foreclosure and bankruptcy. Most had been forced to remortgage some or all of their land.

The farmers were hit with a double whammy when cattle prices plummeted. During the week leading up to Thanksgiving, remembers farmer-rancher Freddie Max Stuart, he told his son Brad, thirty-eight, also a farmer and rancher, "As bad as it's got, the only way out is to win the lottery or something."

Plenty of others in Roby were thinking along the same lines. Down at the Terry Gin, it had been at least five years since there had been a halfway decent ginning season. If next year's cotton crop was bad again, the gin itself might fold.

The Tuesday morning before Thanksgiving, as she was sitting in the office having coffee with the gin's manager, Little Mike Terry, and his father, Vernon (Bunny) Terry, Peggy blurted out her idea. She suggested that they put together a pool like the people in Snyder, Texas, had, referring to a group of nineteen oil-field hands who, five months earlier, had won $17.3 million. Bunny, fifty-nine, who had been carrying on for quite some time about his premonition that someone in Roby would win the lottery, jumped enthusiastically at Peggy's proposal. He asked her whether she wanted to make the entry fee $100.

"No," Peggy said, "just ten dollars."

"Here's my ten dollars before I spend it," Little Mike volunteered. Then he advised Peggy: "You better start you a list." Roby is the kind of friendly town where everyone pulls together, so the lottery idea soon took on the trappings of a communal project. Before noon the next day, the pool had swelled to forty-two players.

That Wednesday morning, Peggy was going to Sweetwater, a town twenty miles south, to see her dentist. She could have bought the lottery tickets in Roby, but it seemed to be a profoundly unlucky town. So Peggy asked Bunny whether he knew of an auspicious spot in Sweetwater to get the tickets. Bunny did indeed know of such a place.

Several years earlier, before he quit drinking, Bunny used to buy beer at the Longhorn Liquor Store in Sweetwater, in neighboring Nolan County. There he frequently fell into conversation with proprietor Jim Carson, a convivial man whose liquor business seemed to be in nearly as bad shape as most of Roby's farms were. Still, like Bunny, Jim was an eternal optimist about winning the lottery. "He told me it's going to win right here in his store one of these days," Bunny recalled.

Once inside the store, Peggy stood there trying to figure out just how to purchase 420 tickets in the state lottery, known as "Lotto Texas." Jim Carson moseyed over to see whether he could help—and get in on the action. An affable man of fifty-three with a keen eye for the main chance, Jim quickly ascertained that Peggy intended to vie for that week's estimated $50 million jackpot. He steered her to the "quick picks," in which a computerized machine churns out tickets with randomly selected numbers. Then, Jim casually asked Peggy if she had a pool going, and whether he could join. She agreed. He gave her $10, and then he tossed in twenty extra tickets, representing his commission on the sale.

That night, when their numbers came up, no one was happier to hear from Peggy than Manuel Valdez, forty-four, who'd worked at the Terry Gin for nearly fifteen years. Five months earlier, as his hours had dwindled, Manuel quit the gin to launch a restaurant with his wife, Susie, thirty-eight. Susie's Fish & Grill had been a tough go—the old refrigerator and fryer were constantly breaking down, forcing expensive repairs—and Manuel was ready to give up the fight and take another ginning job in Georgia.

On the phone Wednesday night, as Peggy relayed the news that meant he would be able to keep the restaurant afloat, Manuel was jumping up and down on the couch like a two-year-old. Susie was crying.

Splitting the jackpot

Early on the Friday morning after Thanksgiving, the winners and their husbands and wives crowded into the gin office for their first big meeting. "Everyone went around hugging and congratulating each other," Peggy recalls. Reporters and TV crews recorded the jubilation.

Finally, the group got down to business. By now, they all knew the Texas Lottery Commission would not pay them one lump sum, but would give them a check annually for the next twenty years. The group agreed to hire the new lawyer in town, Mark Hargrove, twenty-seven, to draw up a bank trust agreement designed to dole out the money *(continued)*


Winners Ste and Teresa Terry are building thei dream house

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(necessary because the Texas Lottery would cut only one check each year—for Peggy, the holder of the winning ticket). Later that afternoon, a state lottery official in Austin confirmed the group's winning numbers.

The following Monday, the winners learned that the pot was actually $46.6 million. After taxes, each shareholder would collect about $39,000 a year. The winning farmers and their wives regarded their good fortune as they might a modestly good crop—it would allow them to pay some of their bills.

That is certainly the view of Tammy Morton, thirty-seven, who bought a share in the pool, as did her husband, Ricky, thirty-eight—Peggy Dickson's nephew. Tammy says that without the lottery win, she doubts that the bank would have renewed their farming loans this year.

Like most of the winning farmers, the better part of the Mortons' first checks went straight to pay the interest on their note at the bank. There was, however, enough left over to put money down on a new, brown Chevrolet Suburban, and to buy a white four-door Ford pickup for Ricky to replace his old one.

For Christmas, Tammy and Ricky splurged and got their son Cody, thirteen, the $130 pair of Doc Martens shoes he had been lusting after. And they bought their other three kids popular Starter jackets.

Otherwise, the Mortons' life hasn't changed much. Tammy still shops at Kmart, Wal-Mart, and at Dillard's department store "when they're having sales."

"When you've been hit as hard as we were," Tammy says, "all you're interested in is getting to breathe again." Now, she says, "our goal is to get the bank note paid off." Then, "it may feel like we won the lottery."

Back in business

After hitting the jackpot, what had been shaping up as a very thin Christmas for Manuel and Susie Valdez became instead a rather extravagant one. Susie did a lot of shopping in Dallas, as well as in Killeen, where the couple spent the holiday with their eldest daughter, Amy, twenty-three, son-in-law Junior Rosario and two-year-old grandson, Andrew. Gifts were piled so high "we couldn't see the tree," Amy recalls.

The Valdezes also took their first vacation in three years: a week in Las Vegas. They brought along their younger daughter, Teri, fourteen, but they didn't gamble. And Manuel bought himself a 1997 Chevrolet pickup truck. He bought son Jeremy, eighteen, a 1993 Ford Ranger, and gave son Joey, twenty-one, his 1990 Pontiac Grand Prix. In addition, the couple bestowed $1,000 on each of their four children.

"We got all six numbers!" Peggy screamed. She was laughing and crying at the same time

But the best news for Manuel and Susie was that they could keep the restaurant they were about to lose. Business at Susie's Fish & Grill is up—everyone loves a winner, after all. Even the banker, who used to stay seated and remain reserved when Manuel went in to see him, now stands up and greets him warmly.

Daughter Amy admits some surprise that her parents' lives haven't changed that much. "I thought being a millionaire meant no more working, luxurious cars, luxurious houses, and getting to go shopping every day," she says. "I told my parents they should at least join a country club, and they're, like, 'Nah!' "

Manuel says the lottery money simply means that he and Susie can "just have a little security and keep working." As a nod to their good fortune, they've put a special item on their menu—the "Lotto Burger Combo." People have come from as far away as Abilene and Sweetwater—and one couple even came from California—hoping to ingest a little good luck along with the food.

Building for the future

Several other nonfarmers are also enjoying the impact of the lottery. Teresa Terry, forty, has worked off and on at the Terry Gin for eleven years. She and her carpenter-contractor husband Steve, forty-two, used their winnings to break ground last summer on their dream house. They are building it themselves, as they always planned to do—but are seven years ahead of schedule. Originally, says Teresa, "we were going to wait until the kids were out of college."

Teresa and Steve also were able to pay off $1,500 in credit-card debts. And they will take care of college loans and tuition for their three children. In addition, Steve bought himself a 1996 Dodge Intrepid, and his son a 1993 Pontiac Grand Prix; he then gave his fifteen-year-old his 1988 Chevrolet Cavalier. Still, Teresa says she is keeping her part-time job at Roby's Church of Christ and her seasonal job at the gin.

"One thing we worried about is retirement," says Steve. He notes that of every annual lottery check Teresa receives, "we'll invest, first thing, close to one quarter for retirement." Steve used to farm, but he hasn't done that for eight or nine years. "If I was still farming," he says, "the money would all be going to the bank."

As for Peggy Dickson, the woman who started it all, the winnings have allowed her to indulge her family a bit. She bought her husband Thomas, a Ford Expedition sport utility vehicle, and gave her son Nick a new pickup. She didn't need a present for her older son Heath, twenty-seven, because his wife, Tammy, was one of the lottery winners. *(continued)*


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Peggy and Thomas celebrated their good fortune with a ten-day driving vacation to Louisiana, Mississippi, Tennessee and Missouri. Peggy also paid off bills, but ran out of money before she could get to her home-renovation project: enclosing the garage and turning it into a den. She expects to pay for that out of her next lottery check.

Mostly, though, Peggy says, the money makes her "feel more secure. Now I'll have money to retire when I get ready to quit my job."

Winners and losers

For those who didn't join the lottery pool, the win is a mixed blessing. Many in Roby talk about fate or circumstance—about the "million-dollar haircut" they got Thanksgiving week instead of popping in at the gin for coffee as they usually did, or how they were "ten minutes away from being a millionaire."

Bob Terry, sixty-one, was the only one of the stockholders in the Terry Gin not to take part in the pool. In fact, he didn't even know there was a pool until hours after Peggy had bought the tickets.

That fateful Wednesday morning, Bob had meant to stop at the gin for coffee and a little socializing. But he'd spotted his father Thurman Terry's car parked outside. The two had been having a disagreement, and Bob decided to stay away so as not to inadvertently ignite another fuss.

After he learned that all the other gin stockholders had won—including his father and two brothers—Bob had a very dark night of the soul. A born-again Christian, Bob says, "I could have used a three-day crusade with Billy Graham" to help get over the deep disappointment.

Later, when a TV reporter asked him how he felt seeing the bus carrying his mother, father, two brothers and the other winners to Austin to claim their initial prize money, Bob says he "broke down like a baby."

The impact on Roby in general has been more psychological than economic. While the town seems to feel luckier these days to the residents, there has been no financial boom. The big money has gone to the bank, and the next biggest chunk has gone to car and truck dealers, which are located in surrounding communities. However, six lottery winners are putting some of their newfound cash and credit into a cotton-seed crushing plant. (Two non-winners are also investing in it.) The plant will provide six or seven jobs, more than Roby has added in one place in perhaps twenty years, says mayor Cecil King.

But some Roby merchants actually think the lottery win has hurt business.

"I figured God noticed how bad off the farmers were," says one winner. "He didn't give us enough to corrupt our lives. He just gave us enough to take care of our families"

Kiefer Cauble, sixty-four, who operates Roby's lone grocery store, the City Grocery & Deli, says his sales have dipped since last Thanksgiving's big news. He attributes his decline in business to some of his customers heading to Sweetwater to buy lottery tickets and, while there, doing their shopping at the city's big supermarkets. He may be right: According to the Texas Lottery Commission, lottery sales shot up more than 45 percent in the six months after Thanksgiving 1996 in Fisher and Nolan Counties.

Like a distinct minority here, Kiefer is uneasy with the lottery for social, ethical and religious reasons. "The ones who can afford it least are the ones who are likely to spend the most on it," he frets. Kiefer's firm Methodist theology has kept him from being tempted to play the lottery himself—or even to sell lottery tickets in his store.

Interestingly, the state leadership of some of Roby's major churches fought against the legislation authorizing the state lottery in 1991. Yet members of all the churches play the lottery, their ministers acknowledge and Teresa Terry, secretary for the Church of Christ, confirms that two elders and three deacons in her congregation won.

The winners see their good fortune as divine providence for the luckless farmers. Tammy Morton muses, "I just figured God noticed how bad off the farmers were. He didn't give us enough to corrupt our lives. He just gave us enough to sleep at night and take care of our families."

Of course, the greatest fortune Roby has is not in the bank accounts of its lottery winners. It is in the unique community itself—a place where few lock their doors, where the public schools are strongly supported and where hard work and neighborliness are still alive and well.

The supreme irony of the saga of the Roby 43 is that not even a $46.6 million lottery jackpot may be able to save that treasure. The farm subsidy programs that kept the family farmers here alive are being swiftly phased out. One lottery winner, Richard Spencer, a former Fisher County agricultural extension agent, says that in years past, fathers were able to help set up their offspring as farmers. Now, he says, they "don't have the operating capital to do that."

But hope springs eternal, and many in Roby are still playing the lottery. "I would like to be the first man to win it twice," says Bunny Terry. "I wouldn't be surprised if somebody in this area did." ●

Tom Curtis, a former senior editor at Texas Monthly, has written for many publications, including Rolling Stone and The Washington Post.

Sweet dreams...



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Secret Spending



You may have vowed to love him for richer or poorer, but you never promised to tell him about the $100 stashed in your lingerie drawer or the new dress buried deep in your closet. At the same time, you might be shocked to learn that he purchased season football tickets without so much as a mention. Keeping some money matters private is not necessarily damaging, says Kathleen Gurney, Ph.D., C.E.O. of Financial Psychology Corporation, in Incline Village, Nevada, but if you feel your spouse is showing you disrespect by not consulting with you on how money is spent, or you're keeping quiet about purchases to wield more purse-string control, it's important to address the problem.

What's the fairest way? Devise a spending plan together, says Gurney. Agree on an amount each partner may spend every month without having to justify purchases to the other. Then, if your husband deems the items you bought as "frivolous," you can say, "It was *my* money to use; *we* decided."

—Nicole Micco

child care goes TO WASHINGTON

While worried working moms and dads continue to question the quality of their child's day care, the White House has made the matter a top priority. Prominent pediatric experts, business leaders and child advocates have been invited to participate in a child-care conference to be held on October 23, in Washington, D.C. The issues to be covered include tightening child-care center safety regulations and accreditation requirements, lowering the turnover rate in the caregiving industry, and duplicating successful early-childhood development programs around the nation. Watch for more details. —Aimee Kendall



Moody Teens: Angry or Depressed?

Teenagers are notoriously cranky, but their angst can't always be explained away by their age. According to the National Mental Health Association, nearly six million children under the age of eighteen suffer from clinical depression, a problem associated with poor grades, substance abuse and suicide. How can parents determine if their teen is just going through a stage or needs serious help? Marilyn Benoit, M.D., medical director of the Devereux Children's Center, in Washington, D.C., says to look for these yellow flags: Social Withdrawal "Teenagers usually pull away from their parents, but if they pull away from their friends, that's a sign of great trouble." Acting Out Unlike adults, "depressed teens have a lot of energy. Truancy, trouble with the law and substance abuse minimize feelings of powerlessness." Time "A bad week does not add up to depression. But two weeks is a definite signal." —Deborah J. Baer

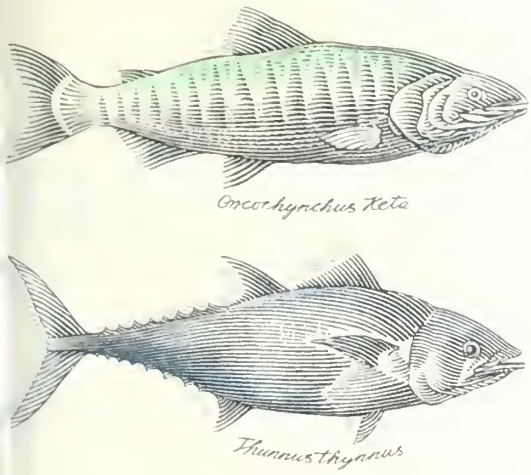


the BEST Chores For Kids

According to a study conducted by researchers at the University of Toronto, in Canada, and University of Macquarie, in Australia, children who perform household chores show more compassion for family members than kids who don't have their share of responsibility. But not all jobs are equally beneficial. The kids who did family-care chores—setting the table or feeding pets—showed more concern for others than children who had only self-care responsibilities—tidying their own room and putting away their clothes. The way you assign tasks also matters greatly. It's important to make them routine activities as opposed to something your child does only when you've made a special request.

—Lawrence Balter, Ph.D

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the GOOD-HEALTH HANDBOOK

Physician Heal Thyself

Top doctors reveal what they do when they get sick

By Joseph V. Amodio

Ask any doctor—or better yet, a doctor's spouse—what physicians do when they get sick, and you will hear the same punch line: Absolutely nothing. Doctors, it seems, make terrible patients. They skip checkups, ignore aches and pains and are notorious for acting like babies when it comes to taking their medicine. Basically, they are just like the rest of us.

They do, however, have one distinct advantage: They are privy to the latest research, the hot theories and the tales of patients' cures. So when they finally take steps to get healthy, they know what works—and what works fast.

We surveyed experts in a variety of fields to unearth the best quick cures for minor ailments. Some remedies may be what you would expect; others, more offbeat. But all are doctor-tested.

ACHING BACK

It's not always caused by lifting heavy objects: Often a backache can result from seemingly innocuous activities, such as sweeping or sitting on the floor and playing with the kids. Patricia Avila, M.D., M.P.H., a primary-care physician with the Sharp Chula Vista Family Medical Center and the Olympic Training Center, both in San Diego, learned this the hard way when planting bulbs last fall. "I was just sitting in the garden—it didn't occur to me that I'd been in the same position for more than three hours." The next day, she couldn't get up. Her fix: a plastic zipper bag of crushed ice applied to the sore spot for twenty minutes, several times a day; two or three days later, alternating ice and heat and gently stretching to get circulation going again. "Next time, I'll think about how long I'm in one position, no matter how comfortable; I'll get up, stretch . . . and maybe not do all three hundred bulbs in one day."

BLISTERS

Rule number one—"never, never, never" remove the outer bubble of skin, which is there to protect the raw layers underneath from infection, advises Andres Rodriguez, M.D. As medical director for the New York Road Runners' Club, he's seen a lot of blistery feet, including those of his marathon-running daughter. Although the covering should remain intact, it's okay to drain blisters. Simply wash with soap and water, then make a little pinprick at the base of the blister, near the edge. (Some runners use a common sewing needle, sterilized first in boiling water and wiped with alcohol, but Rodriguez prefers individually wrapped sterile lancets, available in drug or medical-supply stores.) Hold gauze against it to catch the liquid, apply Betadine and then cover the flattened blister with a clean bandage.

COMMON COLDS

Andrew Weil, M.D., one of the world's leading authorities on alternative medicine and the author of *8 Weeks to Optimum Health* (Knopf, 1997), likes a little-known tonic found in health-food stores called Maitake D-fraction. This *(continued)*

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PHYSICIAN, HEAL THYSELF

Continued

extract of the Japanese maitake mushroom appears to enhance the immune system: "I take five drops in water three times a day, and since I've been doing so, I almost never get colds, even though my children and their friends are constantly bringing colds into our house."

CORNS AND CALLUSES

The best way to avoid painful foot problems is to wear cushioned athletic shoes that fit well. "I look for a wide toe box in sneakers, and wear them with thick socks—never barefoot or with panty hose," says Yvonne E. Satterwhite, M.D., an orthopedic surgeon in Lexington, Kentucky, who was team physician for the U.S. gymnastics, fencing and volleyball teams in the 1997 Summer World University Games, in Sicily. Despite her best efforts, sometimes calluses do appear, and then she heads for a bath products shop. "I love the pumice stones—they work well for sanding off the hard cap of any callus." When she gets a corn, she goes straight for "those little doughnut pads that they sell at any drugstore." (Make sure you stick to the non-medicated kind.)

CRAMPS AND BLOATING

A yoga video, aerobics class, even a walk around the neighborhood after dinner—any time devoted to physical activity can do wonders for mild menstrual problems and may eliminate your need for painkillers altogether. "I don't usually have to worry about cramps, but when they do occur, it's a sign that I haven't been keeping up with my workouts," says Marna B. Dolinger, M.D., a clinical instructor in obstetrics and gynecology and a member of the faculty at Brigham Ob/Gyn Group, in Boston. "Exercise really helps. I try to get to the gym once, maybe twice a week. Nothing too ambitious—that way, I won't get discouraged." Of course, three workouts a week can help prevent heart disease, too.

CUTS AND SCRAPES

No surprise here—use some soap an warm water to clean the woun and an antibacterial ointment to ke it infection-free. "The trick is knov ing how much to apply," sa Yvonne Satterwhite. "Don't pile high, like cream cheese; that suff cates skin and delays healing. It more a light glaze than a thick fros ing." She also goes for the new no adhesive bandages, available drugstores, which don't stick to t surface of your wound when you r move them.

DRY SKIN

The simplest, cheapest dry-skin s lution? A three-minute limit showers, according to Nelson L Novick, M.D., a professor of derm tology at Mount Sinai School Medicine, in New York City, and a thor of *You Can Look Younger at A Age* (Henry Holt, 1996). "Keep egg timer in the bathroom if y have to," says Novick. Well, th minutes may be pushing it if y have long locks to shampoo, but the sake of your skin, be as quick possible. "We want to get squea clean; we scrub our bodies wi harsh detergents and lots of hot w ter—a catastrophe for skin." Sebu (the natural oily lubricant that co skin, keeping moisture in, dirt a debris out) is dissolved by soap a hot water, so the longer you ba the more your natural defen slough off and spiral down the dr If your skin is very dry, it might best to save shaving for outside shower. Other skin-saving mu haves: a gentle hypoallerge cleanser (like Moisturelle or Ba and a moisturizer with sunscreen least SPF 15). On days spent mo outside, Novick goes for hig SPFs—at least 25 or 30.

FATIGUE

Who better to ask about energy the man who is up at five A.M., n ten miles, works ten hours, t hosts an evening radio progr That's New York City physi Ronald L. Hoffman, *(conti*

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— Gloria



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PHYSICIAN, HEAL THYSELF

Continued

M.D., author of *Tired All the Time: How to Regain Your Lost Energy* (Pocket Books, 1996). His secrets: A daily multivitamin, a consistent sleep schedule—"don't play catch-up on the weekends; you end up more tired"—and an early dinner. "Never eat just before going to bed—you don't have a chance to burn off calories and you'll wake up sluggish. That's similar to a technique sumo wrestlers use to gain weight."

HICCUPS

Don't blame your throat for being out of whack—it's the brain that fires off the nerve impulses that start the spasms. Distract the brain and you'll breathe easy again. "It's a reflex, so you need to interrupt or break that nerve action," notes Lloyd M. Loft, M.D., a head and neck surgeon and assistant professor of otolaryngology at New York Medical College, in New York City. What works for him? Swallowing something textured (like granulated sugar), sucking on a lemon, gargling with ice water—even carefully gagging himself. "These all stimulate nerve receptors in the back of the throat," so they're more effective than the "sudden scare" approach.

INSOMNIA

"The longer you spend in bed trying to force yourself to sleep, the more you'll associate the bedroom with not sleeping, and you're likely to suffer from insomnia for several nights after," reports neurologist Mark Mahowald, M.D., director of the Minnesota Regional Sleep Disorders Center at Hennepin County Medical Center, in Minneapolis. His cure: Get up, go into another room and do something dull. "It has to be relatively mindless, nonstimulating, with no payoff." That means no household chores, office work, exercise or balancing the checkbook—or else you might subconsciously reward yourself for being up late. Try an infomercial.

> "Be sure to get your aloe right from the plant, instead of from less-potent store products"



Homemade relief for sore feet

MINOR BURNS

The best damage control: Take aspirin and apply a cool compress (try an ice bag or a washcloth soaked in cold milk) to soothe skin and relieve swelling quickly, says Kathy Fields, M.D., clinical instructor of dermatology at the University of California, San Francisco. Then, to cover the irritated area, "any over-the-counter cortisone ointment will do—the greasier, the better," she says. Or you can try aloe vera, which shrinks swelling and helps heal skin. But be sure to get your aloe right from the plant, Fields advises, instead of less-potent store products. "It can grow in a pot anywhere; when I lived in Florida, my friends and I would break off leaves to treat minor burns or even sunburn. It did the trick."

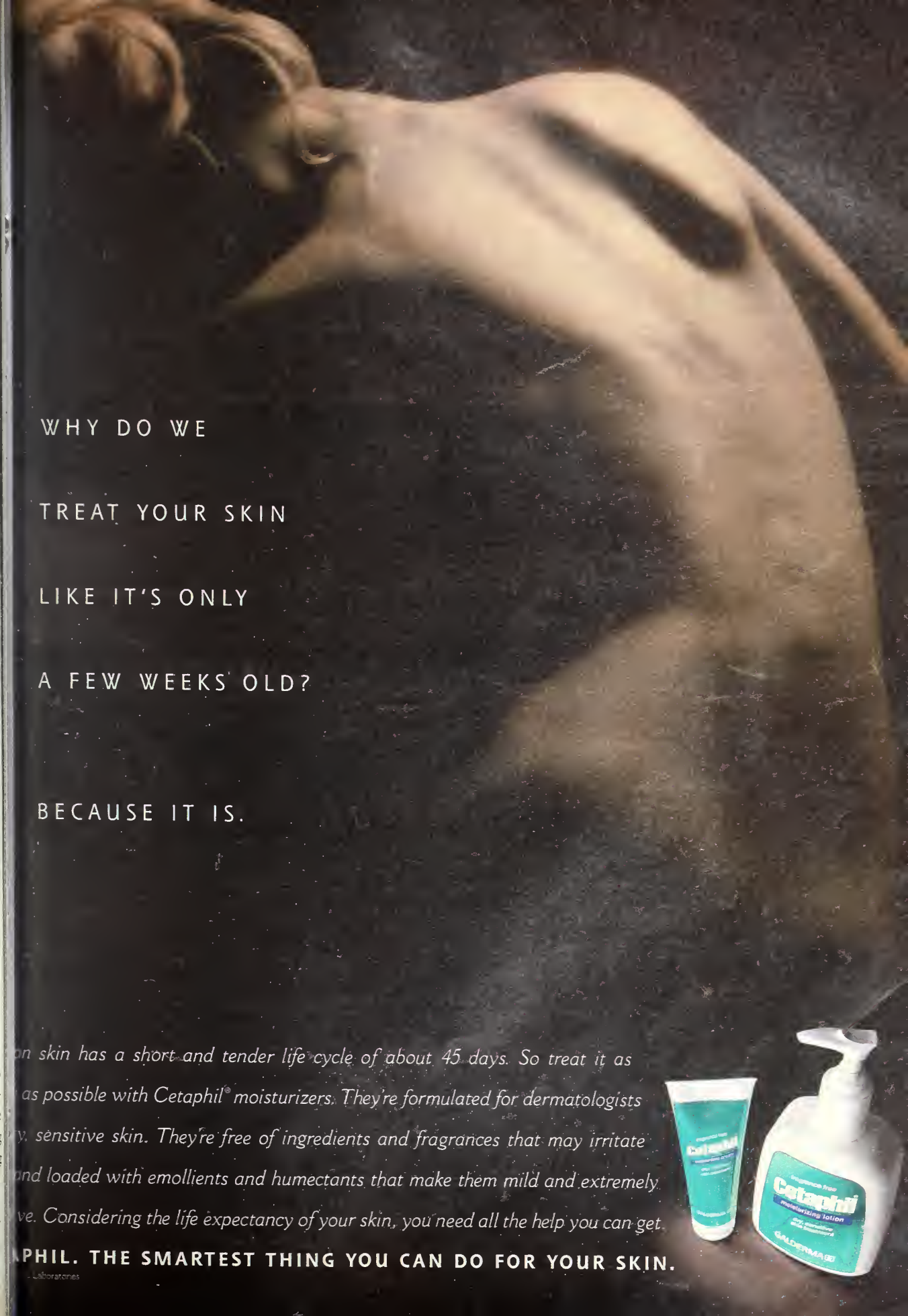
SCRATCHY THROAT

When you don't have a bacterial infection (like strep) or a virus, a raw throat is often just a skin irritation caused by dust, smoke or even talking too much, says Caroline Koblenzer, M.D., a dermatologist in Philadelphia. She gargles with aspirin to soothe that itch. Pulverize the tablet, stir in a cup of warm water, gargle for a few minutes, then spit it out. "It is an analgesic, so it works to deaden pain even though it's in your throat for a short period of time." Repeat the process several times a day for the anti-itch effects, suggests Koblenzer. Since you don't swallow the tablet, there's no risk of overdosing on aspirin.

SORE FEET

This ache is nothing that a little bottled water can't fix, according to Patricia Avila. As a former dancer, Avila knows about aching feet. Her home cure: She keeps two small water bottles in the freezer. After a long hard day on her feet, she puts the bottles on the floor for use as homemade foot rollers. "It's important to baby your feet. I roll the bottles underfoot while watching TV. The ice is wonderful—soothing and anti-inflammatory." ●

Joseph V. Amodio writes frequently for Self and Shape magazines.


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20 Natural Remedies That Really Work

A do-it-yourself guide to health and healing

By Lambeth Hochwald and Anna Roufos



Just a few years ago, most of us wouldn't consider taking echinacea when we felt a cold coming on. Today, many of us swear by the healing properties of this herb. As scientific studies prove the benefits of such natural remedies, herbs and other holistic cures once considered "fringe" are entering the mainstream of American medicine. A growing number of physicians are now recommending alternative treatments along with traditional therapies. And nearly one third of patients who belong to Oxford, one of the nation's leading HMOs, are already using some form of alternative medicine.

Of course, you shouldn't replace a doctor's care by self-treating with natural remedies. For your own good health, never begin any herbal or vitamin therapy without the direction of a medical professional.

In addition, be skeptical about the promises of the products you'll find at your local health-food store: Herbal and vitamin products aren't subject to the same scrutiny by the Food and Drug Administration that is required for drugs. To help you choose wisely, we've selected twenty lesser-known remedies that are backed by scientific proof, or at least an overwhelming amount of anecdotal evidence. (For a list of the better-known cures, see "Tried and True," page 105.) So, stock the pantry shelves with these simple cures and have a healthy winter.

1. Rosemary to prevent breast cancer. Three recent animal studies have found that a diet rich in rosemary prevents cell damage that can lead to breast cancer. A third study showed that carnosol, a potent antioxidant in rosemary, plays a critical role in preventing cancer-causing chemicals from damaging the DNA of breast cells.



Researchers believe that a fraction of a teaspoon of th dried leaves daily could b beneficial to our long-term health, even thoug the herb has yet to b tested in humans.

2. Hot peppers for healthy hearts Capsaicin, the tongue-searin ingredient in hot red pep pers, has long been used i Eastern medicine to sooth ulcers, improve circulation an speed up sluggish bowels. Yea ago, German researchers discovere another healthy reason to eat chi peppers: Capsaicin goes to work i the bloodstream, forming

(continued on page 10

When Thy Nose Runneth Over, Thy Tissue Should Not.



Kleenex ColdCare has three plush layers, not two.

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Love goes both ways. Could there be a way to show her your appreciation? We'd like to suggest Select Dinners Food for Small Dogs. A gourmet meal, Select Dinners is prepared with beef that's been through the USDA inspection process, then gently cooked in its own meaty juices to preserve the flavors. And speaking of flavors, Select Dinners comes in six different varieties to please even the pickiest of appetites.



New label coming soon.

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ontinued from page 100

owerful clot-dissolving stimulant iat prevents obstructions that cause eart attacks or strokes, depending ı where they occur. In addition, re-archers have found that both dry d pepper and pure capsaicin pro-ct the heart by suppressing the ver's production of cholesterol, ereby lowering levels of cholesterol the blood.

Onions for cancer prevention. Half onion a day can do wonders for ur overall health, according to a re-nt study in the journal *Gastroen-ology*. Participants in the study who at least that much had a lower k of stomach cancer than those ıo ate none. Vitamin C, fiber and phytochemical allium in raw or amed onions are thought to pro-t the body against carcinogens. ıs, onions have the same concen-ted sulfur compounds as garlic, ich are thought to stop the cell ınges that precede cancer growth.

Thyme to fight infection. With its d antiseptic properties, thyme can p your body fight an infection. ıen you have a low-grade fever, try ıyme tea preparation that includes len flowers (to promote sweating) l chamomile (to reduce inflamma-ı). Just steep one teaspoon of the ture in one cup of boiling water five minutes. Strain and drink eral times a day until you're feel-better. Skip thyme remedies if have high blood pressure.

)ried blueberries for stomachaches. en you have an upset stomach, sider reaching for a handful of d blueberries, which contain both antibacterial compound and a ky substance that is soothing to gut. Try up to two teaspoons of d berries washed down with a lit-water (dried berries are best be-se the moisture in fresh or frozen counteracts some of the sooth-action).

aking soda to relieve urinary tract tions. When you feel the telltale s of a urinary tract infection, mix tonic of baking soda (half a tea-on in eight ounces of water) to relieve the burning until you can get to the doctor for antibiotics. The burning is caused by the acidity of urine, and this age-old elixir raises the pH to alleviate the pain. Follow the baking-soda drink with one glass of water every hour for eight hours to help flush out the infection. Skip this remedy if you're watching sodium intake.

7. Raspberry leaf for PMS cramps. Next time you have PMS, steep a pot of raspberry-leaf tea. Red raspberry leaves help tone uterine tissues, and a substance in the leaf called fragarine helps relax the pelvic and uterine muscles. In addition, raspberry leaf contains calcium, iron, phosphorus and vitamins B, C and E. Use commercial tea bags or steep a half ounce dried leaves in boiling water for three to five minutes.

8. Suppress a cough with licorice. We don't mean the candy, but this herb is just as sweet. Licorice, which comes in the form of lozenges or a coarsely ground powder that can be brewed into tea (use one teaspoon), eases coughs because it helps clear phlegm or other fluid from the respiratory tract. It also stimulates saliva production, which suppresses the cough reflex. But don't use more than three teaspoons of the powder daily or take it for more than two weeks at a time. Larger doses can lead to headaches, lethargy, salt and water retention, and excess excretion of potassium, which can cause high blood pressure and heart problems.

9. Lavender for tension headaches. Tension headaches, the most common type, are often exacerbated by stiff muscles in the head and neck. Lavender can help you relax and ease your muscles. Simply moisten your fingertips with two drops of lavender oil and massage your temples with a circular motion (the massaging helps, too). Repeat the motion behind your ears and then up and down the back of your neck. To ease the pain, you can also try applying a lavender *(continued)*

Tried and True

Some home remedies are so well-known, you probably already use them (or maybe your mother or grandmother did). Here are twenty home remedies that are proven to work. (Limit yourself only by appetite or caloric intake, except where noted.) —A.R.

- **Chicken soup for colds**
- **Orange juice for colds**
- **Echinacea tea for colds/flu**
- **Zinc lozenges for colds/flu (no more than 15 mg per day)**
- **Eucalyptus lozenges for congestion**
- **Saltwater gargle for a sore throat**
- **Ginger ale for an upset stomach**
- **Spicy foods to relieve nasal stuffiness**
- **Bananas for heartburn**
- **Yogurt for yeast infections**
- **Warm milk for insomnia**
- **Aloe vera salve for sunburn**
- **Cranberry juice for urinary tract infections**
- **Red meat for anemia**
- **Carrots for better eyesight (high doses will turn skin orange)**
- **Milk for strong bones (four or more glasses per day)**
- **Oat bran to reduce cholesterol (20 to 35 g per day)**
- **Olive oil for a healthy heart (keep total fat intake to no more than 30 percent of daily calories)**
- **Fish (with its omega-3s) for cancer/heart disease risk (1,000 mg of fish oil per day)**
- **Chocolate for the blues**



Onions prevent stomach cancer

compress (several drops of lavender on a soft cloth) to the painful area.

10. Relieve a migraine with feverfew. Part of the chrysanthemum family, feverfew may reduce headache and migraine pain because it prevents blood vessels from dilating. Several studies have also shown it to be effective in reducing the frequency of migraines. Feverfew contains the chemical parthenolide, which blocks the release of inflammatory substances from the blood. Proponents take three 125 mg capsules three times daily.

11. Tea to reduce tooth plaque. For healthier teeth, order tea after dinner instead of coffee. The tannins in tea prevent the sticky film of bacteria called plaque from hardening to form tartar. Tartar can prompt gingivitis and periodontal disease.

12. Olives for motion sickness. When you've just hit the road and are already feeling dizzy and nauseated, that's the early stage of motion sickness. Your body is producing excess saliva that dribbles down to your stomach and makes you queasy. Next time, try munching on a few olives. Olives dry out your mouth, which stops the nausea from getting worse.

13. Reduce stress with St. John's wort. This herb has gained popularity as an antidepressant—and it's also good for reducing stress. A recent study found that St. John's wort might help relieve mild depression and anxiety. It's available as dried leaves and flowers, tincture (a concentrated liquid), extract, oil, ointment, capsules and prepared tea. To make your own tea, add one to two teaspoons dried herb to a cup of boiling water; steep for fifteen minutes. Consult your doctor before using St. John's wort if you are sensitive to the sun or take a prescription antidepressant.

14. Spinach for the blues. Researchers are investigating the link between folic-acid deficiencies and depression, so a daily dose of spinach might be just the thing to keep you as perky as Popeye. Eating one cup of spinach a day gives you 130 mcg of folic acid, a B vitamin. Aim for 180 mcg of folic acid daily, the RDA for adult women (pregnant women need 400 mcg). To get the rest, munch on leafy-green vegetables, whole wheat foods, peas and beans.

15. Boost your memory with sunflower seeds. Munching on sunflower seeds may help prevent memory loss. Like spinach, the seeds are a good source of folic acid, which helps maintain normal levels of an amino acid called homocysteine in the body. In a recent study, researchers found a strong correlation between low blood levels of homocysteine and memory loss. Beware: They're also high in fat.

16. Snack on yogurt to shake an afternoon slump. If you're ready for a nap rather than an afternoon meeting, grab a fruit yogurt. Experts say that it contains just the right balance of carbohydrates, protein and fat to provide sustained energy. A low-fat, eight-ounce serving will do the trick.


Fruit yogurt for energy

17. Nod off with passionflower. Known for its calming effect on the central nervous system, this plant is often used by herbalists as a sedative. It's available in dried or fresh leaves, capsules or tincture. A tea can be made by steeping two teaspoons dried leaves in one cup of boiling water for fifteen minutes. Drink one cup in the evening to help prevent insomnia.


Rosemary to prevent breast cancer

18. Chamomile baths to soothe skin. Besides calming an upset stomach and helping to induce sleep, this versatile herb also soothes skin because it contains azulene. Pour about six cups of brewed chamomile tea into your bathwater and soak in it to soften and cleanse your skin, open pores and eliminate blackheads.

19. Tea tree oil for razor burn. This natural antiseptic can help heal all kinds of cuts, including razor nicks. After shaving, simply rub on a thin layer of oil. Apply tea tree oil directly to the area two to three times daily. You can also apply tea tree oil before waxing to avoid irritating the skin. For wounds that just won't heal or become infected, see your physician for treatment.

20. Dandelion tea for weight loss. The gardener's bane is the dieter's delight. The incredibly prolific dandelion is high in natural potassium, vitamin A, calcium and iron. The root and leaf are both known to build and restore energy and aid digestion. In a tea, dandelion serves as a mild diuretic and helps the body flush out the kidneys, eliminating excess water (and weight). The best part? Because the plant is so high in potassium it doesn't deplete your body's supply the way synthetic diuretics do. It's also said to boost metabolism and offset your cravings for sweets. To make a tea, boil two to three teaspoons dandelion root in a cup of water for fifteen minutes. Sip three times a day. ●



Pads. Creams. Gels. Cleansers. Your son has probably tried them all. But if they haven't gotten rid of his acne, maybe it's time to take him to the doctor. Your son may not want to go. And, like many young men his age, he may even downplay his acne. But he does want something that works. Look how hard he tries with treatments that *haven't* worked. Only a doctor can decide which acne treatments he needs.

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"Three years ago my doctor and I agreed that taking PREMARIN was right me. I've been taking it ever since, with my doctor's approval. I feel wonderful... menopausal symptoms are gone and I know I'm helping to prevent osteoporosis protect my future. Taking PREMARIN is part of my daily routine."

PREMARIN is prescribed for relief of the uncomfort- symptoms of menopause, as well as prevention of the is bone disease osteoporosis. In fact, PREMARIN is the estrogen proven to help prevent osteoporosis. It's rtant to speak with your health care provider to help mine your risk for osteoporosis.

PREMARIN, a complex blend of estrogens, has been ribed for more than 50 years. The most studied of all gens, PREMARIN has earned your confidence, just as it arned the confidence of generation after generation men all over the world. Today, PREMARIN is taken by than 9,000,000 women in the U.S. alone.

PREMARIN is the brand you can depend on. h-Ayerst, a world leader in women's health care, goes at lengths to ensure the quality of PREMARIN during anufacturing process. Of the 40 billion PREMARIN s sold, not one has been recalled. Ever.

Those are some of the reasons why so many n and their doctors have confidence in PREMARIN... hy you can have confidence, too.

There can be side effects with hormones. ide effect of estrogen replacement therapy is the pos- y of developing cancer of the uterus. If you have had erectomy, you don't have this risk.

When you discuss hormone replacement therapy our doctor or health care provider, be sure to dis- our personal and family history of breast cancer, breast lumps, abnormal vaginal bleeding, abnormal blood clotting, or heart disease. Women who are pregnant should not take hormone replacement therapy because of possible risk to the fetus.

Look for the oval tablet. The unique appearance of the PREMARIN tablet, with the name PREMARIN on it, is your assurance that you're getting the estrogen therapy that offers a combination of excellent quality and 50-year heritage... all for only about 40 cents per day. PREMARIN is the most prescribed medication in the country. Many women find that very comforting.

And, if you take PREMPRO™ (conjugated estrogens/medroxyprogesterone acetate tablets) 0.625 mg/2.5 mg or PREMPHASE® (conjugated estrogens/medroxyprogesterone acetate tablets) 0.625 mg/5 mg, which contain the same estrogens found in PREMARIN, you can enjoy that same level of confidence.

If you have any questions about your PREMARIN prescription, speak with your doctor or health care provider.

Please be sure to read the important information on the following page.

"When I take my PREMARIN, I know I'm doing something good for myself. PREMARIN will continue to be my brand of estrogen."

For me, it's **PREMARIN®**
(conjugated estrogens tablets, USP) 0.625 mg

BRIEF SUMMARY OF PRESCRIBING INFORMATION FOR THE PATIENT

PREMPRO™ Brand of conjugated estrogens/medroxyprogesterone acetate tablets.

This summary does not tell you all about PREMPRO and how to use estrogen/progestin drugs and the benefits and risks of treatment.

ESTROGENS INCREASE THE RISK OF CANCER OF THE UTERUS IN WOMEN WHO HAVE HAD THEIR MENOPAUSE ("CHANGE OF LIFE"). *THIS FINDING REFERS TO ESTROGENS GIVEN WITHOUT PROGESTIN.*

Progestin drugs taken with estrogen-containing drugs significantly reduce but do not eliminate this risk. If you use any estrogen containing drug it is important to visit your doctor regularly and report any unusual vaginal bleeding right away. Vaginal bleeding after menopause may be a warning sign of uterine cancer. Your doctor should evaluate any unusual vaginal bleeding to find out the cause.

ESTROGENS/PROGESTINS SHOULD NOT BE USED DURING PREGNANCY.

Estrogens do not prevent miscarriage (spontaneous abortion) and are not given for the days following childbirth. If you take estrogens during pregnancy your unborn child has a greater than usual chance of birth defects. These birth defects may affect the baby's urinary system and sex organs.

ESTROGEN/PROGESTIN DRUGS

PREMPRO is a combination of two hormones, an estrogen and a progestin. This hormone combination has been shown to provide the benefits of estrogen replacement therapy while lowering the frequency of a precancerous condition of the uterine lining. This therapy is not intended for women who have had a hysterectomy (surgical removal of the uterus).

Estrogens have several important uses but also some risks. You must decide with your doctor whether the risks of estrogens are acceptable when weighed against their benefits. Check with your doctor to make sure you are using the lowest possible effective dose.

With PREMPRO therapy several menstrual-like bleeding patterns may occur. These may range from absence of bleeding to irregular bleeding. If bleeding occurs it is frequently light spotting or moderate menstrual-like bleeding, but it may be heavy. Please discuss your bleeding pattern and set up an appropriate schedule for follow-up care with your physician.

USES OF ESTROGEN

To treat "change of life." Estrogen hormones are produced by the ovaries of normal women. The decrease in the amount of estrogen that occurs naturally between the ages of 45 and 55 causes menopause. Sometimes the ovaries are removed during an operation causing surgical menopause. When the amount of estrogen begins to decrease, some women develop very uncomfortable symptoms, such as feelings of warmth in the face, neck and chest, sudden intense episodes of heat and sweating ("hot flashes" or "hot flushes"). Using estrogen drugs can help the body adjust to lower estrogen levels and reduce these symptoms. Some women have none or only mild menopausal symptoms; in others, symptoms can be severe. These symptoms may last only a few months or longer. Taking PREMPRO can alleviate these symptoms. If you are not taking hormones for other reasons, such as the prevention of osteoporosis, you should take PREMPRO only as long as you need it for relief from your menopausal symptoms.

To prevent brittle bones. After age 40, and especially after menopause, some women develop osteoporosis. This is a thinning of the bones that makes them weaker and more likely to break, often leading to fractures of spine, hip and wrist bones. Taking estrogens after the menopause slows down bone loss and may prevent bones from breaking. Eating foods that are high in calcium (such as dairy products) or taking calcium supplements (1000 to 1500 milligrams per day) and certain types of exercise may also help prevent osteoporosis. Since estrogen use is associated with some risks, its use for the prevention of osteoporosis should be limited to women who appear susceptible to this condition. The following characteristics are often present in women who are likely to develop osteoporosis: white or Asian race, thinness, cigarette smoking, family history, and early or surgical menopause.

To treat vulvar and vaginal atrophy. Itching, burning, dryness in or around the vagina, difficulty or burning on urination) associated with menopause.

WHEN ESTROGENS SHOULD NOT BE USED

During pregnancy (see Boxed Warning). If you think you may be pregnant, do not use any form of estrogen-containing drug. Using estrogens while you are pregnant may cause your unborn child to have birth defects. Estrogens do not prevent miscarriage.

If you have unusual vaginal bleeding which has not been evaluated by your doctor (see Boxed Warning). Unusual vaginal bleeding can be a warning sign of cancer of the uterus, especially if it happens after menopause. Your doctor must find out the cause of the bleeding so that he or she can recommend the proper treatment. Taking estrogens without visiting your doctor can cause you serious harm if your vaginal bleeding is caused by cancer of the uterus.

If you have had cancer. Since estrogens increase the risk of certain types of cancer, you should not use estrogens if you have ever had cancer of the breast or uterus.

If you have any circulation problems. Estrogen drugs should not be used except in unusually special situations in which your doctor decides that you need estrogen therapy so much that the risks are acceptable. Women with abnormal blood clotting conditions should avoid estrogen use (see **RISKS OF ESTROGENS AND/OR PROGESTINS**).

When they do not work. During menopause, some women develop nervous symptoms or depression. Estrogens do not relieve these symptoms. You may have heard that taking estrogens for years after menopause will keep your skin soft and supple and keep you feeling young. There is no evidence for these claims and such long-term estrogen use may have serious risks.

After childbirth or when breast-feeding a baby. Estrogen should not be used to try to stop the breast from filling with milk after a baby is born. Such treatment may increase the risk of developing blood clots (see **RISKS OF ESTROGENS AND/OR PROGESTINS**).

If you are breast-feeding, you should avoid using any drugs because many drugs pass through to the baby in the milk. While nursing a baby, you should take drugs only on the advice of your health care provider.

RISKS OF ESTROGENS AND/OR PROGESTINS

Cancer of the uterus. The risk of cancer of the uterus increases when estrogens are used alone, the longer they are used, and when larger doses are taken. There is a higher risk of cancer of the uterus if you are overweight, diabetic, or have high blood pressure.

The hormone combination you will be taking contains estrogen and progestin. This combination has been shown to provide the benefits of estrogen replacement therapy while reducing the risk of a precancerous condition of the uterine lining.

Additional risks may be associated with the inclusion of a progestin in estrogen treatment. The possible risks include unfavorable effects on blood fats and sugars. Usually, the smaller the dose and the shorter the duration of treatment, the more these effects are minimized. Check with your doctor to make sure you are using the lowest effective dose and only for as long as you need it.

Cancer of the breast. Most studies have not shown a higher risk of breast cancer in women who have ever used estrogens. However, some studies have reported that breast cancer developed more often (up to twice the usual rate) in women who used estrogens for long periods of time (especially more than 10 years) or who used high doses for shorter time periods. The effects of added progestin on the risk of breast cancer are unknown. Some studies have reported a somewhat increased risk, even higher than the possible risk associated with estrogens alone. Others have not. Regular breast examinations by a health professional and monthly self-examination are recommended for all women.

Gallbladder disease. Women who use estrogens after menopause are more likely to develop gallbladder disease needing surgery than women who do not use estrogens.

Inflammation of the pancreas. Women with high triglyceride levels may have an increased risk of developing inflammation of the pancreas.

Abnormal blood clotting. Taking estrogens may increase the risk of blood clots. These clots can cause a stroke, a heart attack, or a pulmonary embolus, any of which may cause death or serious long-term disability.

Excess calcium in the blood. Taking estrogens may lead to severe hypercalcemia in women with breast and/or bone cancer.

During pregnancy. There is an increased risk of birth defects in children whose mothers take this drug during the first four months of pregnancy. Several reports suggest an association between mothers who take these drugs in the first trimester of pregnancy and genital abnormalities in male and female babies. The risk to the male baby is the possibility of being born with a condition in which the opening of the penis is on the underside rather than the tip of the penis (hypospadias). Hypospadias occurs in about 5 to 8 per 1,000 male births and is about doubled with exposure to these drugs. There is not enough information to quantify the risk to exposed female fetuses. However, enlargement of the clitoris and fusion of the labia may occur, although rarely.

Therefore, since drugs of this type may induce mild masculinization of the external genitalia of the female fetus, as well as hypospadias in the male fetus, it is wise to avoid using the drug during the first trimester of pregnancy. These drugs have been used as a test for pregnancy, but such use is no longer considered safe because of possible damage to a developing baby. Also, more rapid methods for testing for pregnancy are now available. If you take PREMPRO and later find you were pregnant when you took it, be sure to discuss this with your doctor as soon as possible.

SIDE EFFECTS WITH ESTROGENS AND/OR PROGESTINS

In addition to the risks listed above, the following side effects have been reported with estrogen and/or progestin use:

- Nausea, vomiting, pain, cramps, swelling, or tenderness in the abdomen
- Yellowing of the skin and/or whites of the eyes
- Breast tenderness or enlargement
- Enlargement of benign tumors of the uterus
- Irregular bleeding or spotting
- Change in amount of cervical secretion
- Vaginal yeast infections
- Retention of excess fluid. This may make some conditions worsen, such as asthma, epilepsy, migraine, heart disease, or kidney disease
- A spotty darkening of the skin, particularly on the face, reddening of the skin, skin rashes
- Worsening of porphyria
- Headache, migraines, dizziness, faintness, or changes in vision (including intolerance to contact lenses)
- Mental depression
- Involuntary muscle spasms
- Hair loss or abnormal hairiness
- Increase or decrease in weight
- Changes in sex drive
- Possible changes in blood sugar

REDUCING THE RISKS OF ESTROGEN/PROGESTIN USE

If you decide to take an estrogen/progestin combination, you can reduce your risks by carefully monitoring your treatment:

See your doctor regularly. While you are taking PREMPRO, it is important to visit your doctor at least once a year for a checkup. If you have vaginal bleeding while taking estrogens, you may need further evaluation. If members of your family have had breast cancer or if you have any breast lumps or an abnormal mammogram (breast X-ray), you may need to have more frequent breast examinations.

Reassess your need for treatment. You and your doctor should reevaluate your need for estrogens at least every six months.

Be alert for signs of trouble. Report these or any other unusual symptoms to your doctor immediately:

- Abnormal bleeding from the vagina.
- Pains in the calves or chest, a sudden shortness of breath, or coughing blood.
- Severe headache or vomiting, dizziness, faintness, or changes in vision or speech, weakness or numbness of arm or leg.
- Breast lumps.
- Yellowing of the skin and/or whites of the eyes.
- Pain, swelling, or tenderness in the abdomen.

OTHER INFORMATION

Estrogens increase the risk of developing a condition (endometrial hyperplasia) that may lead to cancer of the lining of the uterus. Taking progestin with another hormonal drug, with estrogens lowers the risk of developing this condition.

You should know, however, that taking estrogens *with* progestins may have unhealthy effects on blood sugar, which might be a problem for a diabetic condition worse.

Some research has shown that estrogens taken *without* progestins may protect women against developing heart disease. However, this is uncertain. The protection shown may have been caused by the characteristics of the estrogen-treated women and not by the estrogen treatment. In general, treated women were slimmer, more physically active, and were less likely to have diabetes than the untreated women. These characteristics are known to protect against heart disease.

It is important to discuss, in detail, with your doctor or health care provider all the possible risks and benefits of taking estrogen and progestin treatment as they affect you personally.

This Summary provides the most important information about PREMPRO. If you want to read more, ask your doctor or pharmacist to let you see the professional labeling.

This Brief Summary for Direct-to-Consumer Advertising is based on the current PREMPRO Tablets insert (PI 4665-3) revised May 1995 with the incorporation, in lay language, of pertinent text from the Physician Insert, (CI 4664-3) revised May 21,1997.

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Best Sweeps Ever!

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No purchase necessary. Print your name, address, city, state, zip code and telephone number and the words needed to complete the phrases listed on the official entry form located on page 133 of this magazine or print the information and numbered phrases on a postcard. For clues to the missing words, refer to the advertisement indicated by the page number identified after each phrase. Enter as often as you wish, but each entry must be mailed separately and postmarked by 12/31/97 and received by 1/16/98 to: Ladies' Home Journal "Best Sweeps Ever," P.O. Box 3924, Milford, CT, 06460. 2). To receive an entry form with the phrases already completed, send a self-addressed stamped envelope to be received by 1/6/98 to: LHJ Sweepstakes Completed Entry Form, P.O. Box 3065, Milford, CT 06460. (Residents of VT & WA need not include return postage.) Only one request per envelope will be honored. Pre-completed entry forms must be received by 1/16/98 (each in a separate envelope). Mechanically reproduced entries, photocopies or facsimiles of entries are void. Not responsible for lost, late, illegible, postage due, stolen, misdirected mail or entries. PRIZES: (1) Grand Prize: Trip for (4) to San Juan, Puerto Rico, consisting of round-trip coach air transportation from nearest major airport to winner's residence and 5 days/4 nights double occupancy hotel accommodations. Round-trip coach air transportation provided by American Airlines from nearest AA gateway city to San Juan, Puerto Rico. American Airlines is not responsible for transfer to airport and taxes. Travel must originate and terminate in the American Airlines city nearest the city of residence providing direct service. Restrictions apply. (ARV=$3,500.) Grand Prize trip dates are subject to availability and must be taken by 12/31/98. Blackout periods and other travel/accommodations restrictions may apply. Expenses not specified are winner's sole responsibility. In the event a winner cannot take trip within time specified, he or she will forfeit the prize and an alternate winner will be selected by random drawing. (10) First Prize: JVC PalmSize Compact VHS Camcorder (ARV=$1,531); (50) Second Prize: Ladies' Home Journal T-shirt (One size fits all) (ARV=$10). Odds of winning depend on the number of eligible entries received. No transfer, assignment, cash redemption, or substitution of prizes except by sponsor due to prize availability and then for a prize of equal or greater value. JUDGING: Winners will be selected in a random drawing from among all eligible entries received by Project Support Team, Inc., an independent judging organization, on or about 1/19/98. By participating, entrants agree to these official rules and that the decisions of the judges are final and binding in all respects. Winners will be notified by mail. Grand and First Prize winners will be required to sign and return an affidavit of eligibility, a liability release and, where legal, a publicity release within 14 days of notification. Non-compliance, or if prize notification or prize is returned as non-deliverable, will result in disqualification and alternate winner will be selected. Grand Prize Winner's travel companions will be required to sign and return release of liability within 14 days of notification. By accepting prize, winner agrees that Meredith Corporation, the advertisers whose brand name appears in the entry form, their respective parents, subsidiaries, affiliated companies, advertising and promotion agencies, and Project Support Team and their respective officers, directors, employees, representatives and agents shall have no liability and will be held harmless by winner and travel companion for any damage or loss due in whole or in part, directly or indirectly, by reason of the acceptance, possession, use or misuse of prize or participation in this sweepstakes. Further, by accepting prize, where lawful, winner agrees that Meredith Corporation and those acting under its authority may use winner's name, picture, portrait, likeness and/or voice for advertising and promotional purposes without further consideration. Taxes, if any, are the sole responsibility of winner. ELIGIBILITY: Sweepstakes open to legal US residents 18 years of age or older, except employees and directors (and their respective immediate families and those living in their same households) of parents, subsidiaries, and affiliated companies of Meredith Corporation, the advertising and promotion agencies and the advertisers whose brand names appear in the entry form and Project Support Team. Subject to all federal, state and local laws and regulations and where prohibited by law. WINNERS LIST: For a list of the prizewinners, send a stamped, self-addressed envelope by 1/19/98 to: Ladies' Home Journal "Best Sweeps Ever" Winners, P.O. Box 3065, Milford, CT, 06460. Promotion sponsored by: Meredith Corporation, Des Moines, IA 50309.



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Transformed Trevose: Abby Molotsky (left) lost 55 pounds and Kathy Klause lost 6

People who join this program lose weight and keep it off for good. Here, the secrets of their success.

By Andrea Rock

A year after giving birth, Abby Molotsky of Cherry Hill, New Jersey, decided to get serious about taking off the weight she'd gained by "eating for twelve" when she was pregnant. By the time her daughter was two, the five-foot-three mom had peeled off 55 pounds from her post-pregnancy high of 185. Recently, she bought a new dress to wear to a bar mitzvah. "I'd never owned a slinky black dress before, let alone in a size six, so I was feeling like a new person as I was dancing with my husband," says twenty-nine-year-old Abby. "Apparently, that's how I appeared, too, because a friend we hadn't seen for a while took my husband aside to say how sorry he was that we had split up. It was funny, but also gratifying. I'm confident the new me is here to stay."



Abby at 185 pounds with her daughter



Kathy, before the program

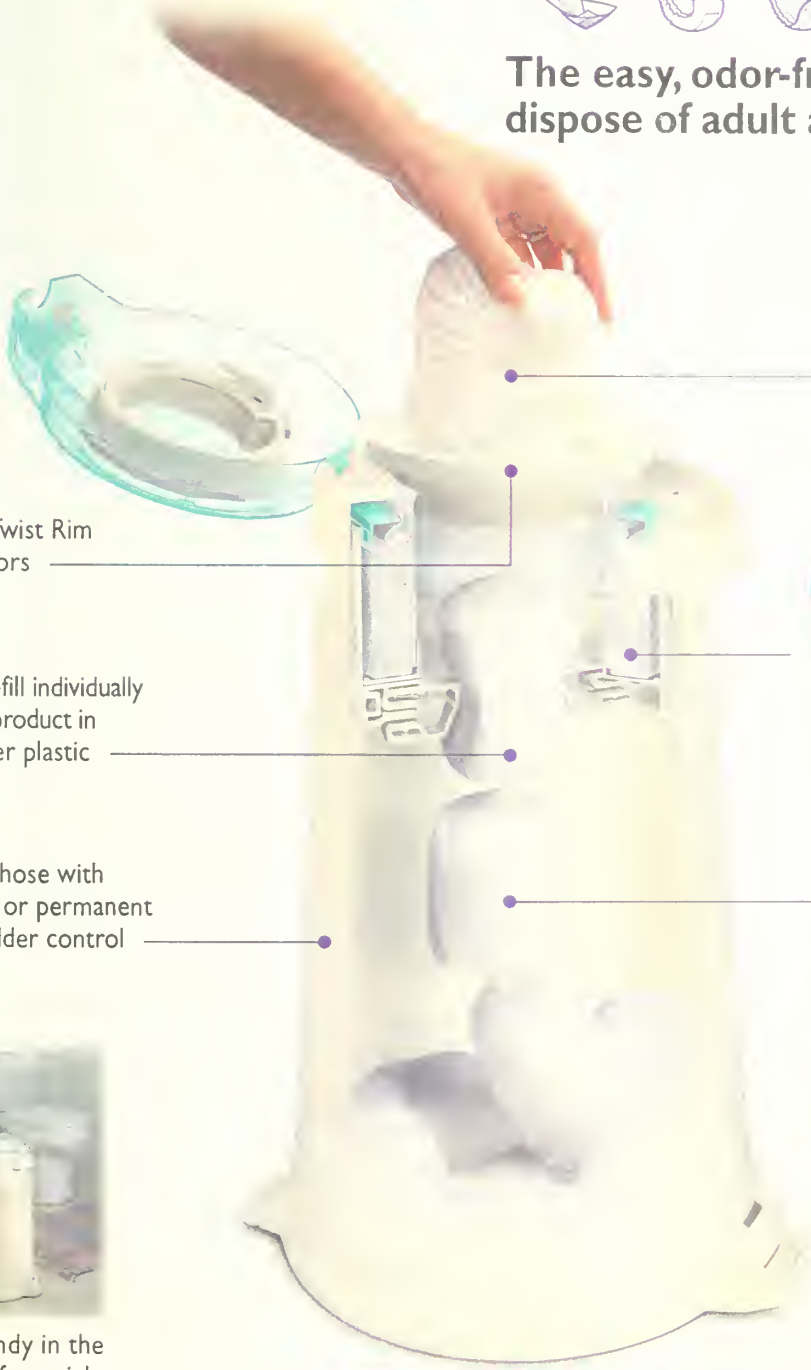
Abby's confidence is well founded. She lost her weight through the Trevose Behavior Modification Program, a nonprofit group in the Philadelphia area that "statistically is the most successful weight-loss program in the world," says Albert Stunkard, M.D., a psychiatry professor at the University of Pennsylvania and weight-loss specialist who has served as an adviser to the program. The majority of people who join Trevose stick with it and keep off the weight—nearly 75 percent are still in the program six months later (a rate that is six times higher than for most diet clinics). Staying in the program means the members have maintained their weight loss or continue to lose more. Many Trevose members have kept off those excess pounds for more than a decade. Dieters who go it alone or complete other programs do manage to lose an average of 10 percent of their body weight, but they re-gain two thirds of those pounds within a year, according to the National Academy of Sciences. And the cost for Trevose *(continued)*

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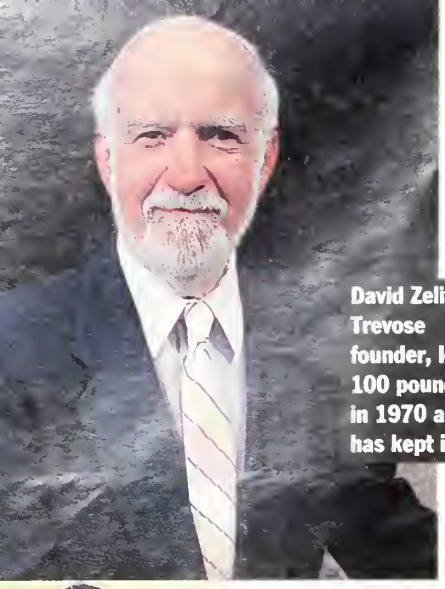
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David Zelitch, Trevose founder, lost 100 pounds in 1970 and has kept it off



WEIGHT LOSS
Continued

is minimal: Members make a voluntary contribution that averages 80 cents per week to offset expenses.

Trevose was founded in 1970 by David Zelitch, an insurance company executive who suffered a heart attack and was ordered by his doctor to lose weight. Zelitch lost 100 pounds with healthy eating and behavior-modification techniques developed by the American Heart Association and the Obesity Research Clinic at the University of Pennsylvania—techniques that are the basis of the Trevose program. Zelitch's original ten-member group has grown to include twelve hundred members in one hundred satellite groups in and around Philadelphia, all headed by successful members who serve as volunteer leaders.

Why does the program work so well? "One of the most important reasons is the strong social support, along with strict rules that provide a measure of discipline," says Kelly Brownell, Ph.D., director of Yale University's Center for Eating and Weight Disorders, in New Haven, Connecticut, who has studied the Trevose groups. The Trevose program is very flexible, but it does impose a few ironclad rules. First, only those who have failed at other weight-loss programs can join.

New members set a weight-loss goal based on their healthy weight range established in the original Metropolitan Life Insurance Tables. Then they determine what their daily calorie intake should be to reach that goal. (Multiply your current weight by twelve to find the maximum daily calorie intake to maintain that weight. To shed weight at the rate of one pound a week, you must subtract 500 calories daily, or subtract 750 calories daily to lose one and a half pounds a week. For health reasons, women should never drop below 1,000 calories per day and men should not go below 1,400.)

In the first month, which they refer to as "boot camp," new members must drop 15 percent of the total they need to. Thereafter, the monthly weight-loss requirement decreases on a sliding scale.

Until new members achieve their weight-loss goal (which typically takes a year) and maintain it for four months, they must attend weekly meetings, where they weigh in and share their feelings and ideas in a support-group setting. After that, biweekly meeting attendance is required for four months, then monthly until they've kept off the weight for a full year. At that point, members graduate to independent status, with no attendance requirement. But if they fail to meet their monthly weight-loss goal more than once in a twelve-month period or miss a meeting without providing advance notice to their group leader, they're out of the Trevose program. "Though the strict attendance rules may sound harsh, meeting time is the one hour a week I give to myself," explains Abby.

The cornerstones of the program are "Countdown" and "No Sheet, No Eat." Armed with a calorie-counting guide, members are required to keep a daily food log that makes them more aware of their eating habits and helps them stay within their calorie limits. Before they can put a piece of popcorn or even a carrot in their mouths, it must first be recorded on the sheet, as they count down their available calories throughout the day. Members are free to choose *(continued)*

DO IT YOURSELF

Unfortunately, the Trevose Behavior Modification Program is limited to the greater Philadelphia area because each new group is formed by a successful member. But you can follow its principles at home. Since support is one of the main components to the program's success, Trevose founder David Zelitch suggests that you form a small group of three to ten and meet once a week.

The most effective step in breaking past habits that led to weight gain is keeping a written record of everything you eat with the calorie counts. "I'm on week number 1,150, and I still fill out my sheets because they are what's enabled me to maintain an eighty-five-pound weight loss for twenty-two years," says Mary L. Jackson, who joined Trevose in 1975 and is the co-director of the program. Here are the other key techniques that lead to Trevose's success:

- **Pick one chair that will be your eating spot at home, for snacks or meals, to cut down on mindless nibbling.**
- **It takes about twenty-two minutes for your brain to get the message that you have eaten, so take at least that long to eat your meal.**
- **The signal to stop eating should not be an empty plate. Quit the Clean-Plate Club by leaving at least one bite of everything you're having.**
- **Find an exercise activity that you like enough to do for at least twenty minutes three times weekly. Schedule activities with other people so that it's harder to back out.**
- **If you're planning to eat out or attend a party, cut down on your calories in the preceding days so that you can splurge.**
- **Don't let one failure set you back. "We always say one bad day doesn't take away the credit of all of the good days you've had," says Jackson.**



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what they eat and when, as long as they record it and stay within their calorie count.

They turn in their eating logs at meetings, but the group leaders don't look at them unless a member asks for specific advice. It's simply the process of keeping the food diary that's important. Even members who are on independent status mail in their food logs once a month to Trevose leaders.

"The focus in the first month is on using the food logs and calorie countdown to learn about current eating habits. Then, during the next five months, we work on learning new habits through behavior modification," says Zelitch. (See "Do It Yourself" on page 114.)

At one recent meeting, eight groups of women and three groups of men (about one hundred people total) gathered around tables in the Trevose cafeteria. Upon entering, members are weighed in and then join their groups to hand in the food logs and weight-loss record cards.

The co-leaders address each member of the group in turn, commenting on progress for the week, offering reinforcement for those who lost weight and empathy and helpful suggestions for those who didn't.

For instance, co-leader Janis Shuter, fifty-three, first praises Kathy Klause, a thirty-three-year-old who has lost 54 pounds since joining the program in 1994. But then Janis notes that Kathy gained a pound that month. Kathy admits that maintaining the loss is tougher than losing the weight and that bad weather has thrown her off her exercise routine. "But seeing how so many of you have had your ups and downs but still manage to stick with the program over so many years really gives me the confidence that I can do it, too," she says.

Kathy mentions she's going away on vacation the following week, and Janis notes that Kathy has managed to stick with the program on vacations in the past. "But call us if you need us," she urges.

HOW THEY ACTUALLY DO IT

While Trevose members all follow the same basic guidelines, there is remarkable variety in how they tailor the program to suit their own tastes and lifestyles. Here, five women who have become winners in the battle over bulge offer their secrets. (Per Trevose policy, the women don't reveal their current weight because they focus on their progress, not on if they've reached their goals yet—but all the women below did reach their ideal weight over the course of one year, except where noted.)

HEIDI DALZELL, thirty-three, of Bensalem, Pennsylvania. Heidi has maintained a loss of 60 pounds for six years at 1,350 calories daily. "At dinner, limiting the amount of meat to the proper portion size—no bigger than a deck of cards—really helps me stick to my calorie count. Cutting up three ounces of meat to use in a stir-fry or pasta dish doesn't seem skimpy. Also, as soon as I'm served at a restaurant, I separate a portion on my plate that will go into a doggie bag."

BONNIE NOBLE, forty-eight, of Bensalem, Pennsylvania. Bonnie has maintained a loss of 50 pounds for eleven years at 1,200 calories daily. "To get in my exercise rain or shine, I meet a friend at least three times a week at a mall nearby and walk its length four times, which equals four miles. I have a real sweet tooth, so I've found ways to accommodate that without blowing my calorie count. A Tootsie Roll Pop is only sixty calories and gives you a little hit of chocolate."

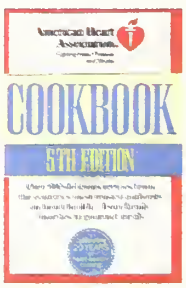
SUSAN MILLER, forty, of Elkins Park, Pennsylvania. To reach her goal, Susan lost 70 pounds over three years at 1,500 calories daily. "Two habits work for me: First, I only eat at the table, which keeps me from mindless nibbling. And second, I make myself eat slowly, so that I enjoy my food more and I feel full sooner."

SUSAN FRIEDMAN, fifty, of Broomall, Pennsylvania. Susan lost 33 pounds in her first year and is 3 pounds away from her goal at 1,300 calories daily. "Exercise was never a problem for me, but I never counted calories before. When I started in Trevose, I was shocked to discover I had been eating about three thousand calories a day. Now I stay within my limit. And when I have a real craving for a hot fudge sundae, I first drink a lot of water to see if it goes away, and if not, I have a small Dairy Queen ice-cream cone."

CAROL COHEN, fifty-two, of Philadelphia. Carol has maintained a 23-pound weight loss for eight years at 1,300 calories daily. "Even now, I can't keep Doritos in the house because I'll eat them until they're gone. But I don't have the same mind-set I did before—that since this day is shot, I might as well continue overeating tomorrow. Now I realize that each day you start anew. This is a lifelong process of eating right, not a diet that you go on and off." ●

Andrea Rock is a senior writer at Money magazine who has specialized in writing about health care.

For more information on heart-healthy living and weight loss, the fifth edition of The American Heart Association Cookbook (643 pp.; softcover) provides guidelines for shopping, storing and cooking food, as well as tips on decoding food labels and manufacturers' claims and ordering healthfully when eating out. It also contains 600 mouthwatering recipes, each with a complete nutritional analysis, including total fat, saturated fat, cholesterol, sodium and calories. Available by arrangement with Random House for $21, which includes shipping, handling and applicable sales tax.



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Type 2 diabetes gets progressively worse, and insulin is sometimes the right choice, but before you get to that point, fight back! Find out how GLUCOPHAGE can help get your diabetes under control when added to an approved diet. Your doctor or healthcare provider will know best if GLUCOPHAGE is right for you. For more information, call 1-800-392-9700.

If side effects occur, they usually occur during the first few weeks of therapy. They are normally minor ones such as diarrhea, nausea, and upset stomach. Taking GLUCOPHAGE with meals can help reduce these side effects. The most serious side effect associated with GLUCOPHAGE is called lactic acidosis. Lactic acidosis is caused by a buildup of lactic acid in the blood. Lactic acidosis associated with GLUCOPHAGE is rare and has occurred in one in 33,000 patients on GLUCOPHAGE over the course of one year. Primarily, this happens in people whose kidneys are not working normally, who have a history of liver disease, or who drink alcohol excessively. If lactic acidosis occurs, it can be fatal in up to half the cases. There is some evidence that some oral diabetes drugs may increase the risk of heart problems. Please see important patient information on the next page.

ASK YOUR DOCTOR ABOUT...

GLUCOPHAGE®
(Metformin Hydrochloride Tablets) 500 mg

FIGHT BACK

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F5-K033

Issued August 1997

PATIENT INFORMATION ABOUT GLUCOPHAGE®

(metformin hydrochloride tablets)

500 mg and 850 mg

WARNING: A small number of people who have taken Glucophage have developed a serious condition called lactic acidosis. Properly functioning kidneys are needed to help prevent lactic acidosis. Most people with kidney problems should not take Glucophage. (See Question Nos. 7-11)

Q1. Why do I need to take GLUCOPHAGE?

Your doctor has prescribed GLUCOPHAGE (GLUE-coe-fahj) to treat your type II diabetes. This is also known as non-insulin-dependent diabetes mellitus (NIDDM).

Q2. What is type II diabetes?

People with diabetes are not able to make enough insulin and/or respond normally to the insulin their body does make. When this happens, sugar (glucose) builds up in the blood. This can lead to serious medical problems including kidney damage, amputations and blindness. Diabetes is also closely linked to heart disease. The main goal of treating diabetes is to lower your blood sugar to a normal level.

Q3. How is type II diabetes usually controlled?

High blood sugar can be lowered by diet and exercise, by a number of oral medications and by insulin injections. Before taking GLUCOPHAGE you should first try to control your diabetes by exercise and weight loss. Even if you are taking GLUCOPHAGE, you should still exercise and follow the diet recommended for your diabetes.

Q4. Does GLUCOPHAGE work differently from other glucose-control medications?

Yes it does. Until GLUCOPHAGE (metformin hydrochloride tablets) was introduced, all the available oral glucose-control medications were from the same chemical group called sulfonylureas. These drugs lower blood sugar primarily by causing more of the body's own insulin to be released. GLUCOPHAGE (metformin hydrochloride tablets) lowers the amount of sugar in your blood by helping your body respond better to its own insulin. GLUCOPHAGE does not cause your body to produce more insulin. Therefore, GLUCOPHAGE rarely causes hypoglycemia (low blood sugar) and it doesn't usually cause weight gain.

Q5. What happens if my blood sugar is still too high?

When blood sugar cannot be lowered enough by either GLUCOPHAGE or a sulfonylurea, the two medications may be effective taken together. However, if you are unable to maintain your blood sugar with diet, exercise and glucose-control medication taken orally, then your doctor may prescribe injectable insulin to control your diabetes.

Q6. Can GLUCOPHAGE cause side effects?

GLUCOPHAGE, like all blood-sugar lowering medications, can cause side effects in some patients. Most of these side effects are minor and will go away after you've taken GLUCOPHAGE for a while. However, there are also serious, but rare side effects related to GLUCOPHAGE (see below).

7. What kind of side effects can GLUCOPHAGE cause?

If side effects occur, they usually occur during the first few weeks of therapy. They are normally minor ones such as diarrhea, nausea and upset stomach. Taking your GLUCOPHAGE with meals can help reduce these side effects.

Although these side effects are likely to go away, call your doctor if you have severe discomfort or if these effects last for more than a few weeks. Some patients may need to have their dose lowered or stop taking GLUCOPHAGE, either temporarily or permanently. Although these problems occur in up to one-third of patients when they first start taking GLUCOPHAGE, you should tell your doctor if the problems come back or start later on during the therapy.

About three out of one hundred people report having a temporary unpleasant or metallic taste when they start taking GLUCOPHAGE.

Q8. Are there any serious side effects that GLUCOPHAGE can cause?

GLUCOPHAGE rarely causes serious side effects. The most serious side effect that GLUCOPHAGE can cause is called lactic acidosis.

Q9. What is lactic acidosis and can it happen to me?

Lactic acidosis is caused by a buildup of lactic acid in the blood. Lactic acidosis associated with GLUCOPHAGE is rare and has occurred mostly in people whose kidneys were not working normally. Lactic acidosis has been reported in about one in 33[illegible] patients taking GLUCOPHAGE (metformin hydrochloride tablets) over the course of a year. Although rare, if lactic acidosis does occur, it can be fatal in up to half the cases.

It's also important for your liver to be working normally when you take GLUCOPHAGE. Your liver helps remove lactic acid from your bloodstream.

Your doctor will monitor your diabetes and may perform blood tests on you from time to time to make sure your kidneys and your liver are functioning normally.

There is no evidence that GLUCOPHAGE causes harm to the kidneys or liver.

Q10. Are there other risk factors for lactic acidosis?

Your risk of developing lactic acidosis from taking GLUCOPHAGE is very low as long as your kidneys and liver are healthy. However, some factors can increase your risk because they can affect kidney and liver function. You should not take GLUCOPHAGE if:

- You have chronic kidney or liver problems
- You drink alcohol excessively (all the time or short-term "binge" drinking)
- You are seriously dehydrated (have lost a large amount of body fluids)
- You are going to have certain x-ray procedures with injectable contrast agents
- You are going to have surgery
- You develop a serious condition such as a heart attack, severe infection or stroke.

Q11. What are the symptoms of lactic acidosis?

Some of the symptoms include: feeling very weak, tired or uncomfortable; unusual muscle pain, trouble breathing, unusual or unexpected stomach discomfort, feeling cold, feeling dizzy or lightheaded, or suddenly developing a slow or irregular heartbeat.

If you notice these symptoms, or if your medical condition has suddenly changed, stop taking GLUCOPHAGE and call your doctor right away. Lactic acidosis is a medical emergency that must be treated in a hospital.

Q12. What does my doctor need to know to decrease my risk of lactic acidosis?

Tell your doctor if you have an illness that results in severe vomiting, diarrhea and/or fever, or if your intake of fluids is significantly reduced. These situations can lead to severe dehydration, and it may be necessary to stop taking GLUCOPHAGE temporarily.

You should let your doctor know if you are going to have any surgery or specialized x-ray procedures that require injection of contrast agents. GLUCOPHAGE therapy will need to be stopped temporarily in such instances.

Q13. Can I take GLUCOPHAGE with other medications?

Remind your doctor that you are taking GLUCOPHAGE when any new drug is prescribed or a change is made in how you take a drug already prescribed. GLUCOPHAGE may interfere with the way some drugs work and some drugs may interfere with the action of GLUCOPHAGE.

Q14. What if I become pregnant while taking GLUCOPHAGE?

Tell your doctor if you plan to become pregnant or have become pregnant. As with other oral glucose-control medications, you should not take GLUCOPHAGE during pregnancy.

Usually your doctor will prescribe insulin while you are pregnant. As with medications, you and your doctor should discuss the use of GLUCOPHAGE if you are nursing a child.

Q15. Are there other risks associated with GLUCOPHAGE?

There is some evidence that any oral diabetes drug may increase the risk of heart problems. Experts are not sure what the real risk is for heart problems, if any, of taking oral diabetes medicine.

Q16. How do I take GLUCOPHAGE?

Your doctor will tell you how many GLUCOPHAGE tablets to take and how often. This should also be printed on the label of your prescription. You will probably be started on a low dose of GLUCOPHAGE and your dosage will be increased gradually until your blood sugar is controlled.

Q17. Where can I get more information about GLUCOPHAGE?

This leaflet is a summary of the most important information about GLUCOPHAGE. If you have any questions or problems, you should talk to your doctor or other healthcare provider about type II diabetes as well as GLUCOPHAGE and its side effects. There is also a leaflet (package insert) written for health professionals which your pharmacist can let you read.

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Revised June 1996

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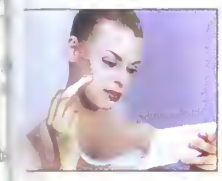
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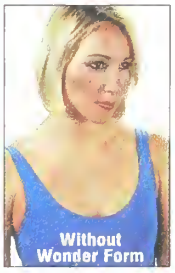
"I've discovered an amazing product! It harmlessly removes unsightly body hair and actually keeps it from growing back" -EB, NY

A French laboratory recently developed an effective and totally natural 2-phase treatment, which both removes excess body hair and stops annoying little hairs from growing back. Epil-Stop Plus™ Inhibitor Spray prevents the re-growth of unwanted body and facial hair. The difference between the Epil-Stop Plus™ System and ordinary products is that it penetrates the hair root directly and removes it, without causing any skin irritation or pain. Without a root, the hair cannot grow back. $29.95 plus $5.95 S/H. FREE Thigh Cream a $20 value with every order. Credit card orders call 1-800-986-9788 or send check or M.O to IGIÁ Direct, Dept. LHEP11, 245 8th Avenue, Suite 855 New York, NY 10011.



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Help your figure look its best with Wonder Form™. These figure-enhancing forms increase your bustline up to two full cup sizes and are so light you won't feel them. No adhesives necessary; slip the pads into your bra and let the silicone gel mold to your form. The result: natural looking cleavage and a flattering figure. $49.95 plus $9.95 S/H. Call 1-800-777-0556 or send check or M.O. to A-Target Direct, Inc., Dept. LHBC11, 245, 8th Ave. Suite 855, New York, NY 10011.





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Now, have a great summer tan all year long... without leaving home!



The secret of celebrities and movie stars is revealed. The IGIA™ SUN SYSTEM facial tanner safely gives you the healthy looking complexion everyone admires without the time and expense of tanning salons. Safer than a day at the beach, the facial tanner will not burn. As you control the amount of color you receive. Why go to the salon when you can stay at home with this new European technology? The IGIA™ SUN SYSTEM comes with four 15 watts UV lamps and a scientific timer for a perfect tan $149 + $9.50 s/h Credit card orders call 1-800-944-3774 or send check or M.O to IGIA™ Direct, Dept. LHTN11, 244 Madison Avenue, Suite 219, New York, NY 10016



Nourish Your Face With Vitamin Peel-Off Facial Mask

Peel-Off Facial Mask formulated with Vitamin E, helps to remove dry, dead skin cells and deeply embedded dirt. Just smooth on, let dry and peel off in one easy piece. Peel-Off Facial Mask used weekly will tighten pores, firm sagging skin as well as moisturize. $29.95 plus $5.95 S/H. Credit card orders call 1-800-575-7682 or send check or M.O to IGIÁ Direct, Dept. LHFM11, 245 8th Avenue, Suite 855 New York, NY 10011.

THE DISEASE THAT GOES UNDIAGNOSED

Symptoms of this deadly illness are missed in too many patients. Could you be a victim?

Are you feeling tired? Thirsty? Irritable? These common complaints could be caused by the stress of a busy life, but they could also signal a serious medical condition—diabetes. About eight million Americans have been diagnosed with the disease, but an equal number have it and don't know it.

Spurred in part by these numbers, last June, at an American Diabetes Association meeting, scientists from the Centers for Disease Control and Prevention (CDC), in Atlanta, and the National Institutes of Health endorsed a proposal advising diabetes screening for everyone over the age of forty-five once every three years. The experts suggested yearly screenings for those at high risk, such as people with a family history or those who are more than 20 percent overweight.

Why the alarm? Diabetes ranks as the leading cause of blindness in adults in the country and the fourth leading cause of death. It also results in nearly 54,000 amputations each year and increases the risk of heart disease.

But diabetes can be controlled once detected, and serious complications can be avoided for years, sometimes permanently. Here, a two-part story that explains this subtle-yet-deadly syndrome: a tale of learning to cope after diagnosis, and an update on the latest treatments. —Donna Christiano



A BLOOD TEST CHANGED MY WORLD

BY DEBORAH CHASE

On a cold February afternoon, I got a phone call that everyone dreads. "Your blood tests came back with significant abnormalities," my doctor said. "You need immediate medical attention."

A standard blood workup had revealed a fasting blood sugar of 300 mg/dL (the normal range is 70 to 110). In addition, my blood pressure and cholesterol had soared into the danger zone, and I had abnormal liver function. All these health problems were related to my wildly fluctuating blood-sugar levels. The diagnosis: type II diabetes.

That night, I kept thinking there must have been a lab error. But I should have known better: I knew type II diabetes is linked to both heredity and obesity, and that six of my closest relatives were diabetic (my mother, father, both my father's parents and two of his sisters), and I was about 15 pounds overweight. Yet I told myself I just couldn't be sick. As a beauty and health writer, I took my health seriously. I ate healthy foods and didn't smoke or drink. I have two daughters, aged seventeen and twenty-four, several elderly relatives to care for and a new book coming out. Not only couldn't I be sick, I had no time for health problems.

Gillian Katz, M.D., at Mount Sinai Medical Center, in New York City, forced me to face up to my symptoms. I had been particularly thirsty in the past few months, but I had attributed it to the antihistamines I was taking for allergies. Frequent urination was explained away by all the water that I was drinking. I was often exhausted, but then isn't that true for every working mom? Once

(continued on page 128)

FREQUENT HEARTBURN SUFFERERS:

If your heartburn medicine works so well, why do you keep getting heartburn?



ASK YOUR DOCTOR ABOUT PRILOSEC

Just one capsule of PRILOSEC daily can provide 24-hour acid control.

If you still suffer from heartburn two or more times a week, you probably don't have ordinary heartburn.

You may have a potentially serious condition called acid reflux disease (also known as gastroesophageal reflux disease, or GERD). Today doctors can help by prescribing PRILOSEC. It is highly effective in controlling acid production for 24 hours—even after meals, and all night, too—with just one capsule a day.

Frequently prescribed by gastrointestinal specialists.

Many GERD sufferers have experienced the 24-hour acid control and relief PRILOSEC can offer.

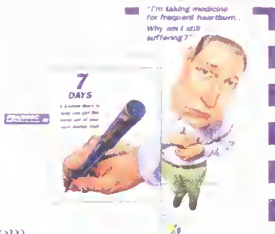
Available only by prescription. Ask your doctor if PRILOSEC is right for you.

PRILOSEC is generally well tolerated, but it is not for everybody. The most common side effects are headache (6.9%), diarrhea (3.0%), and abdominal pain (2.4%).

Please read important information on the adjacent page and discuss it with your doctor.

FREE INFORMATION KIT

1-800-336-1070



You will receive FREE: a brochure about frequent heartburn, acid reflux disease, and PRILOSEC; plus, a personal heartburn diary, and a symptom questionnaire to help your doctor help you.

JUST ONE CAPSULE DAILY FOR 24-HOUR ACID CONTROL

PRILOSEC®

(OMEPRAZOLE) 20 MG ONCE DAILY

ASTRA MERCK

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Please read this summary carefully, and then ask your doctor about PRILOSEC. No advertisement can provide all the information needed to prescribe a drug. This advertisement does not take the place of careful discussions with your doctor. *Only your doctor* has the training to weigh the risks and benefits of a prescription drug for you.

PRILOSEC®* *(OMEPRAZOLE) Delayed-Release Capsules*

BRIEF SUMMARY

CLINICAL PHARMACOLOGY *Pharmacokinetics and Metabolism:* **Omeprazole –** In pharmacokinetic studies of single 20 mg omeprazole doses, an increase in AUC of approximately four-fold was noted in Asian subjects compared to Caucasians. Dose adjustment, particularly to avoid overdosing of renal insufficiency, is indicated, for the hepatically impaired and Asian subjects studied.

INDICATIONS AND USAGE *Duodenal Ulcer:* PRILOSEC is indicated for short-term treatment of active duodenal ulcer. Most patients heal within 4 weeks. Some patients may require an additional 4 weeks of therapy. PRILOSEC, in combination with clarithromycin, is also indicated for treatment of patients with *H. pylori* infection and active duodenal ulcer to eradicate *H. pylori*. Eradication of *H. pylori* has been shown to reduce the risk of duodenal ulcer recurrence. In patients who fail therapy, susceptibility testing should be performed. If resistance to clarithromycin is demonstrated or susceptibility testing is not possible, alternative antimicrobial therapy should be instituted. (See the clarithromycin package insert, MICROBIOLOGY section.) *Gastric Ulcer:* PRILOSEC is indicated for short-term treatment (4-8 weeks) of active benign gastric ulcer. *Treatment of Gastroesophageal Reflux Disease (GERD):* **Symptomatic GERD –** PRILOSEC is indicated for relief of heartburn and other symptoms associated with GERD. **Erosive Esophagitis –** PRILOSEC is indicated for the short-term treatment (4-8 weeks) of erosive esophagitis which has been diagnosed by endoscopy. The efficacy of PRILOSEC used for maintenance of healing of erosive esophagitis beyond 4 weeks in these patients has not been established. In the rare patient who does not respond after 8 weeks of treatment, it may be helpful to give up to an additional 4 weeks of PRILOSEC. If there is recurrence of erosive esophagitis or GERD symptoms (e.g. heartburn), additional 4-8 week courses of omeprazole may be considered. *Maintenance of Healing of Erosive Esophagitis:* PRILOSEC is indicated to maintain healing of erosive esophagitis. Controlled studies do not extend beyond 12 months. *Pathological Hypersecretory Conditions:* PRILOSEC is indicated for the long-term treatment of pathological hypersecretory conditions (e.g. Zollinger-Ellison syndrome, multiple endocrine adenomas and systemic mastocytosis).

CONTRAINDICATIONS *Omeprazole:* PRILOSEC Delayed-Release Capsules are contraindicated in patients with known hypersensitivity to any component of the formulation. *Clarithromycin:* Clarithromycin is contraindicated in patients with a known hypersensitivity to any macrolide antibiotic. Concomitant administration of clarithromycin with cisapride, pimozide or terfenadine is contraindicated. There have been post-marketing reports of drug interactions when clarithromycin and or erythromycin are co-administered with cisapride, pimozide, or terfenadine resulting in cardiac arrhythmias (QT prolongation, ventricular tachycardia, ventricular fibrillation, and torsades de pointes) most likely due to inhibition of hepatic metabolism of these drugs by erythromycin and clarithromycin. Fatalities have been reported. (Please refer to full prescribing information for clarithromycin before prescribing.)

WARNING: *Clarithromycin:* **CLARITHROMYCIN SHOULD NOT BE USED IN PREGNANT WOMEN EXCEPT IN CLINICAL CIRCUMSTANCES WHERE NO ALTERNATIVE THERAPY IS APPROPRIATE. IF PREGNANCY OCCURS WHILE TAKING CLARITHROMYCIN, THE PATIENT SHOULD BE APPRISED OF THE POTENTIAL HAZARD TO THE FETUS. (See WARNINGS in prescribing information for clarithromycin.)**

PRECAUTIONS *General:* Symptomatic response to therapy with omeprazole does not preclude the presence of gastric malignancy. Atrophic gastritis has been noted occasionally in gastric corpus biopsies from patients treated long-term with omeprazole. *Information for Patients:* PRILOSEC Delayed-Release Capsules should be taken before eating. Patients should be cautioned that the PRILOSEC Delayed-Release Capsule should not be opened, chewed or crushed, and should be swallowed whole. *Drug Interactions:* **Other –** Omeprazole can prolong the elimination of diazepam, warfarin and phenytoin, drugs that are metabolized by oxidation in the liver. Although in normal subjects no interaction with theophylline or propranolol was found, there have been clinical reports of interaction with other drugs metabolized via the cytochrome P-450 system (e.g., cyclosporine, disulfiram, benzodiazepines). Patients should be monitored to determine if it is necessary to adjust the dosage of these drugs when taken concomitantly with PRILOSEC. Because of its profound and long-lasting inhibition of gastric acid secretion, it is theoretically possible that omeprazole may interfere with absorption of drugs where gastric pH is an important determinant of their bioavailability (e.g., ketoconazole, ampicillin esters, and iron salts). In the clinical trials, antacids were used concomitantly with the administration of PRILOSEC. **Combination Therapy with Clarithromycin –** Co-administration of omeprazole and clarithromycin may result in increases in plasma levels of omeprazole, clarithromycin, and 14-hydroxy-clarithromycin. (See CLINICAL PHARMACOLOGY, *Pharmacokinetics, Combination Therapy with Clarithromycin* in full Prescribing Information.) Concomitant administration of clarithromycin with cisapride, pimozide, or terfenadine is contraindicated. There have been reports of an interaction between erythromycin and astemizole resulting in QT prolongation and torsades de pointes. Concomitant administration of erythromycin and astemizole is contraindicated. Because clarithromycin is also metabolized by cytochrome P450, concomitant administration of clarithromycin with astemizole is not recommended. (See also CONTRAINDICATIONS, *Clarithromycin*, above. Please refer to full prescribing information for clarithromycin before prescribing.) *Carcinogenesis, Mutagenesis, Impairment of Fertility:* In two 24-month carcinogenicity studies in rats, omeprazole at daily doses of 1, 3.4, 13.8, 44.0 and 140.8 mg/kg/day (approximately 4 to 352 times the human dose, based on a patient weight of 50 kg and a human dose of 20 mg) produced gastric ECL cell carcinoids in a dose-related manner in both male and female rats, the incidence of this effect was markedly higher in female rats, which had higher blood levels of omeprazole. Gastric carcinoids seldom occur in the untreated rat. In addition, ECL cell hyperplasia was present in all treated groups of both sexes in one of these studies, female rats were treated with 13.8 mg/kg/day omeprazole (approximately 35 times the human dose) for 1 year, then followed for an additional year without the drug. No carcinoids were seen in these rats. An increased incidence of treatment-related ECL cell hyperplasia was observed at the end of 1 year (94% treated vs 10% controls). By the second year the difference between treated and control rats was much smaller (46% vs 26%) but still showed more hyperplasia in the treated group. An unusual primary malignant tumor in the stomach was seen in one rat (2%). No similar tumor was seen in male or female rats treated for 2 years. For this strain of rat no similar tumor has been noted historically, but a finding involving only one tumor is difficult to interpret. A 78-week mouse carcinogenicity study of omeprazole did not show increased tumor occurrence, but the study was not conclusive. Omeprazole was not mutagenic in an *in vitro* Ames *Salmonella typhimurium* assay, an *in vitro* mouse lymphoma cell assay and an *in vivo* rat liver DNA damage assay. A mouse micronucleus test at 625 and 6250 times the human dose gave a borderline result, as did an *in vivo* bone marrow chromosome aberration test. A second mouse micronucleus study at 2000 times the human dose, but with different (suboptimal) sampling times, was negative. *Pregnancy:* **Omeprazole; Pregnancy Category C –** In rabbits, omeprazole in a dose range of 6.9 to 69.1 mg/kg/day (approximately 17 to 172 times the human dose) produced dose-related increases in embryo-lethality, fetal resorptions and pregnancy disruptions. In rats, dose-related embryo/fetal toxicity and postnatal developmental toxicity were observed in offspring resulting from parents treated with omeprazole 13.8 to 138.0 mg/kg/day (approximately 35 to 345 times the human dose). There are no adequate or well-controlled studies in pregnant women. Sporadic reports have been received of congenital abnormalities occurring in infants born to women who have received omeprazole during pregnancy. Omeprazole should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. **Clarithromycin: Pregnancy Category C –** See WARNING (above) and full prescribing information for clarithromycin. *Nursing Mothers:* It is not known whether omeprazole is excreted in human milk. Omeprazole administration during late gestation and lactation at doses of 13.8 to 138 mg/kg/day (35 to 345 times the human dose) resulted in decreased weight gain in pups. Because many drugs are excreted in human milk because of the potential for serious adverse reactions in nursing infants from omeprazole, and because of the potential for tumorigenicity shown for omeprazole in rat carcinogenicity studies, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother. *Pediatric Use:* Safety and effectiveness in children have not been established.

ADVERSE REACTIONS: In a clinical trial population of 465 patients (including duodenal ulcer, Zollinger-Ellison syndrome and resistant ulcer patients) the following adverse experiences were reported to occur in 1% or more of patients on therapy with PRILOSEC; numbers in parentheses indicate percentages of the adverse experiences considered by investigators as probably, or definitely related to the drug.

	Omeprazole (n=465)	Placebo (n=64)	Ranitidine (n=1
Headache	6.9 (2.4)	6.3	7.7 (2.6)
Diarrhea	3.0 (1.9)	3.1 (1.6)	2.1 (0.5)
Abdominal Pain	2.4 (0.4)	3.1	2.1
Nausea	2.2 (0.9)	3.1	4.1 (0.5)
URI	1.9	1.6	2.6
Dizziness	1.5 (0.6)	0.0	2.6 (1.0)
Vomiting	1.5 (0.4)	4.7	1.5 (0.5)
Rash	1.5 (1.1)	0.0	0.0
Constipation	1.1 (0.9)	0.0	0.0
Cough	1.1	0.0	1.5
Asthenia	1.1 (0.2)	1.6 (1.6)	1.5 (1.0)
Back Pain	1.1	0.0	0.5

The following adverse reactions which occurred in 1% or more of omeprazole-treated patients have been rep international double-blind, and open-label, clinical trials in which 2,631 patients and subjects received omeprazo

Incidence of Adverse Experiences ≥ 1% Causal Relationship not Assessed

		Omeprazole (n=2631)	Placebo (n=
Body as a Whole, site unspecified	Abdominal pain	5.2	3.3
	Asthenia	1.3	0.8
Digestive System	Constipation	1.5	0.8
	Diarrhea	3.7	2.5
	Flatulence	2.7	5.8
	Nausea	4.0	6.7
	Vomiting	3.2	10.0
	Acid regurgitation	1.9	3.3
Nervous System/Psychiatric	Headache	2.9	2.5

Additional adverse experiences occurring in <1% of patients or subjects in domestic and/or international occurring since the drug was marketed, are shown below within each body system. In many instances, the rel to PRILOSEC® (omeprazole) was unclear. *Body As a Whole:* Fever, pain, fatigue, malaise, abdominal *Cardiovascular:* Chest pain or angina, tachycardia, bradycardia, palpitation, elevated blood pressure, peripheral *Gastrointestinal:* Pancreatitis (some fatal), anorexia, irritable colon, flatulence, fecal discoloration, esophageal can mucosal atrophy of the tongue, dry mouth. During treatment with omeprazole, gastric fundic gland polyps ha noted rarely. These polyps are benign and appear to be reversible when treatment is discontinued. Gastro- carcinoids have been reported in patients with ZE syndrome on long-term treatment with PRILOSEC. This believed to be a manifestation of the underlying condition, which is known to be associated with such tumors. Mild and, rarely, marked elevations of liver function tests [ALT (SGPT), AST (SGOT), γ-glutamyl transpeptidase phosphatase, and bilirubin (jaundice)]. In rare instances, overt liver disease has occurred, including hepat cholestatic, or mixed hepatitis, liver necrosis (some fatal), hepatic failure (some fatal), and hepatic encephe *Metabolic/Nutritional:* Hyponatremia, hypoglycemia, weight gain. *Musculoskeletal:* Muscle cramps, myalgia weakness, joint pain, leg pain. *Nervous System/Psychiatric:* Psychic disturbances including depression, ag hallucinations, confusion, insomnia, nervousness, tremors, apathy, somnolence, anxiety, dream abnormalities paresthesia; hemifacial dysesthesia. *Respiratory:* Epistaxis, pharyngeal pain. *Skin:* Rash and, very rarely, cases generalized skin reactions including toxic epidermal necrolysis (TEN; some fatal), Stevens-Johnson syndro erythema multiforme (some severe); skin inflammation, urticaria, angioedema, pruritus, alopecia, dry skin, hype *Special Senses:* Tinnitus, taste perversion. *Urogenital:* Interstitial nephritis (some with positive rechallenge), uri infection, microscopic pyuria, urinary frequency, elevated serum creatinine, proteinuria, hematuria, glycosuria, pain, gynecomastia. *Hematologic:* Rare instances of pancytopenia, agranulocytosis (some fatal), thrombo neutropenia, anemia, leucocytosis, and hemolytic anemia have been reported. ***Combination Therapy with Clarithromycin:*** In clinical trials using combination therapy with PRILOSEC and clarithromycin, no adverse ex peculiar to this drug combination have been observed. Adverse experiences that have occurred have been those that have been previously reported with omeprazole or clarithromycin. Adverse experiences observed in clinical trials using combination therapy with PRILOSEC and clarithromycin (n=346) which differed from those described for omeprazole alone were: Taste perversion (15%), tongue discoloration (2%), rhinitis (2%), pharyn and flu syndrome (1%). For more information on clarithromycin, refer to the clarithromycin package insert, REACTIONS section.

OVERDOSAGE: Rare reports have been received of overdosage with omeprazole. Doses ranged from 320 mg to mg (16-45 times the usual recommended clinical dose). Manifestations were variable, but included drowsiness, blurred vision, tachycardia, nausea, diaphoresis, flushing, headache, and dry mouth. Symptoms transient, and no serious clinical outcome has been reported. No specific antidote for omeprazole overdosage Omeprazole is extensively protein bound and is, therefore, not readily dialyzable. In the event of overdosage, should be symptomatic and supportive.

DOSAGE AND ADMINISTRATION *Duodenal Ulcer:* Short-Term Treatment of Active Duodenal Ulcer: The mended adult oral dose of PRILOSEC is 20 mg once daily. Most patients heal within 4 weeks. Some patients may an additional 4 weeks of therapy. (See INDICATIONS AND USAGE.)

Reduction of the Risk of Duodenal Ulcer Recurrence: Combination Therapy with Clarithromycin

Days 1-14:	Days 15-28:
PRILOSEC 40 mg q.d. (in the morning) plus clarithromycin 500 mg t.i.d.	PRILOSEC 20 mg

Please refer to clarithromycin full prescribing information for CONTRAINDICATIONS and WARNING, and for in regarding dosing in elderly and renally impaired patients (PRECAUTIONS: *General*, PRECAUTIONS. *Geriatric* PRECAUTIONS: *Drug Interactions*) ***Gastric Ulcer:*** The recommended adult oral dose is 40 mg once a day weeks. (See INDICATIONS AND USAGE, *Gastric Ulcer.*) ***Gastroesophageal Reflux Disease (GERD):*** The mended adult oral dose for the treatment of patients with symptomatic GERD and no esophageal lesions is 20 for up to 4 weeks. The recommended adult oral dose for the treatment of patients with erosive esophagitis a panying symptoms due to GERD is 20 mg daily for 4 to 8 weeks. (See INDICATIONS AND USAGE.) ***Maintenance Healing of Erosive Esophagitis:*** The recommended adult oral dose is 20 mg daily. ***Pathological Hypersecretory Conditions:*** The dosage of PRILOSEC in patients with pathological hypersecretory conditions varies with the individual patient. The recommended adult oral starting dose is 60 mg once a day. Doses should be adjusted to individual needs and should continue for as long as clinically indicated. Doses up to 120 mg t.i.d. have been administered. Dosages of greater than 80 mg should be administered in divided doses. No dosage adjustment is necessary for patients with renal impairment, hepatic dysfunction or for the elderly.

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Manufactured by:
Merck & Co., Inc.
West Point, PA 19486, USA

February 1997 PRC-40/3/97

NOTE: This summary provides important information about PRILOSEC. If you would like more information, ask your doctor or pharmacist to let you read the professional labeling and then discuss it with them.

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getown Collection
Artist's Edition®

Angel Kisses

by Lynne Randolph

Shown slightly smaller than actual size of 13 ½" head to toe
8 ½" seated. Satin pillow with organza ruffle included.

A BLOOD TEST

Continued from page 122

was convinced, she gently explained the diet, exercise and medical options.

Despite our discussion, it was still a shock to hear her refer me to as "a recently diagnosed diabetic" when she introduced me to Pat Linekins, R.N., C.D.E., the diabetes counselor at Mount Sinai. With great patience, Pat showed me how to check my blood-sugar levels and devised a meal plan.

That day began my struggle to adapt. In a culture that worships beauty and fitness, there seemed little value for a fortysomething diabetic woman struggling to avoid blindness and kidney failure, possible diabetic complications. Although it may sound irrational, I feared I would lose my professional credibility, and so I told no one about my illness. At night, when the family was asleep, I would stare out at the darkness and cry.

Dietary restrictions made it difficult to meet friends or colleagues for lunch or dinner. I was passionate about food, but now many items on a restaurant menu were off-limits. I found myself offering increasingly elaborate excuses to avoid going out—and developing a painful sense of isolation.

Still, with the diet changes, my blood sugar slowly began to fall. When it hit a plateau just under 200, Pat suggested a brisk thirty-minute walk before dinner. The temperature was hovering in the low twenties and the ground was covered with slush. But I pulled on my warmest boots and walked out alone in the frosty darkness. In the restaurants that lined the streets near my apartment, I could see people talking and eating. I envied them. But when I got home, my blood sugar had dropped another 30 points, and that nightly walk became part of my routine.

The next week I enrolled in the course "Living with Diabetes" at Mount Sinai. Because I was married to a physician and had written about health for years, I was dubious that this program had anything to offer me. I was wrong. A staff of doctors, nurses, nutritionists and psychologists struck the perfect balance between



Deborah Chase manages her diabetes with diet and exercise

explaining the dangers of uncontrolled diabetes and instilling the confidence to manage the disease.

As my blood sugar fell, my fatigue started to lift. I had been tired for so many years that I had forgotten how it felt to go through a day without exhaustion. My headaches, allergies and stomach problems seemed to vanish. While it took time and effort to manage my diabetes, I was rewarded by this surge in vitality.

The day my sugar finally reached healthy level, my vision sudden blurred. Using a magnifying glass make out the numbers on the phon I called my doctor. This type of visi problem is common, she said. Falli glucose levels alter the pressure in t eye, and it can take up to six wee to readjust. For the next month had to use my reading glasses and strong magnifying glass to read.

To rule out more serious eye pro lems, I was referred to a doctor w specialized in diabetic retinopath which leads to blindness. In the wa ing room, I was the only patie without permanently and seriously i paired sight. These people had di betes before doctors realized h important it was to keep sugar lev in tight control. I had the tools to p serve my sight and avoid other co plications. In fact, the results o major eight-year study demonstrat that good control of glucose levels reduce the risk of blindness by up 70 percent. *(continued on page 2*

WHAT EVERYONE SHOULD KNOW ABOUT DIABETES

BY DONNA CHRISTIAN

If screening is increased, scientists say it could catch the estimated eight million undiagnosed cases of diabetes in the U.S. Experts are also calling for a change in the way diabetes is diagnosed. Today, when a sample of blood is taken after a twelve-hour fast, a blood-sugar level above 140 mg/dL is considered a sign of diabetes; the higher the number, the more serious the case. The latest recommendation: lowering the diabetes diagnostic cutoff from 140 to 126. The change is based on new studies showing a lower threshold for the risk of complications, says David M. Nathan, M.D., the director of the Diabetes Clinic and the Diabetes Clinical Research Center at Massachusetts General Hospital, in Boston.

Diabetics can use exercise and a special low-sugar, low-carbohydrate diet to help keep blood sugars stab Beyond that, the treatment depen on which type of diabetes the pati has. The type that used to be cal juvenile diabetes is an autoimmu disease in which the body destr the pancreas cells that produce sulin. It affects about 700,000 Am cans and is now called type I insulin-dependent diabetes melli (IDDM). Type I typically occurs children and teens but can start any age. With a lack of insulin, g cose stays in the blood instead of ing used by cells all over the body energy. The cells can't function, glucose builds up to toxic level the blood, causing health compl tions. The current recommen treatment is three or more inst shots per day at varying doses b on blood-sugar readings and m Getting the balance right *(contin*



How many happy endings has incontinence stolen from you?

If you're pregnant or you've just given birth, you know your body has changed. You may have less control over it than you did. Fortunately, a physical therapist can help with evaluation and treatment of incontinence.

Licensed physical therapists provide hands-on examination and treatment for every part of the body. They counsel on rehabilitation, exercise, and the prevention of injury and disease. And they advise on proper posture and body motion in the workplace, treat injuries, consult on fitness, and administer physical therapy in the home as well.

Physical problems, like movies, can have happy endings.

For information on incontinence and physical therapy, contact us at www.apta.org or call 1-800-955-7848.

Put your health in the hands of a Physical Therapist.

Name _____

Address _____

City _____ State _____ Zip _____

For more information send to:
American Physical Therapy Association
P.O. Box 37257 Washington, D.C. 20013 B4

is tricky. Another option is an external insulin pump that uses a catheter to deliver insulin in amounts programmed by the patient. A new needle for the catheter must be inserted every one to two days.

Most diabetics (90 to 95 percent of patients) have type II diabetes, in which insufficient insulin is produced or it's not used properly. Often called non-insulin dependent diabetes mellitus (NIDDM), even though some people with type II need to take insulin, this disease usually develops after age forty. Being overweight makes the body insulin-resistant, so weight loss can help. When diet and exercise aren't enough, oral medications to help the body produce or use insulin are the first course. Insulin shots are used if pills don't work.

ABOUT EIGHT MILLION AMERICANS HAVE DIABETES AND DON'T KNOW IT

"In the past, neither patients nor their doctors paid much attention to the disease," says Nathan. "Today, though, we treat diabetes more aggressively."

New Findings

■ In a study from the State University of New York at Buffalo, women with insulin resistance (often a precursor to type II diabetes) had ten times the risk of dying from colon cancer and five times the risk of dying from breast cancer. Researchers think that hormones known as androgens may play a role. But other researchers downplay the findings, noting that 60 to 70 percent of people with diabetes ultimately die from heart disease, not cancer.

■ Women with type I diabetes go through menopause roughly nine years earlier than nondiabetics, according to research from the University of Pittsburgh. Type I diabetes is thought to cause premature aging of the nerves, blood vessels and other body parts, including the ovaries. Diabetes is known to double the risk of heart attack in men and women. This premature menopause—and the subsequent lack of heart-protecting estrogen—ups a diabetic woman's risk even more.

■ "A recent study involving Hispanic women showed that women with gestational diabetes had a greater than sixty percent chance of getting type II diabetes within ten years of the pregnancy," says Frank Vinicor, M.D., M.P.H., director of the Division of Diabetes Translation at the CDC. Researchers there are investigating whether diet, exercise and drug therapy can help. (For information on this trial, call the CDC at 888-377-5646; for type I diabetes prevention trials, call 800-425-8361.)

■ A study published recently in *The Journal of the American Medical Association* indicated that a low-fiber diet could significantly increase a woman's risk of type II diabetes.

New Treatments

■ New pills target different sugar-control sites in the body. In mild cases, patients have sites that can regulate the sugar-insulin balance (for example, if the pancreas isn't efficient at producing insulin, the liver can compensate somewhat by secreting less sugar). These drugs can be used in combination, which enhances control, and some are less likely to cause weight gain than older diabetes drugs that have been used for years. The Food and Drug Administration (FDA) recently approved metformin (brand name, Glucophage) for both type I and type II cases. It decreases the amount of sugar secreted by the liver. Acarbose (brand name, Precose), which slows the absorption of sugar from the intestinal tract, has been approved to treat type I diabetes. Troglitazone (brand name, Rezulin), which reduces insulin resistance, has been approved for type II diabetics who also take insulin, but last January the FDA cleared it for use by all type II diabetics.

■ Currently under investigation is a battery-operated pump filled with insulin and implanted under the skin. Using a handheld device (think remote control), the patient programs it to release a steady stream of insulin throughout the day, punctuated by insulin bursts at meals. "People with type I diabetes tend to do better when their insulin is delivered in a way that imitates the pancreas," explains Nathan. The insulin supply must be refilled every four to eight weeks by lining up a needle with an indentation that can be felt through the skin and injecting the insulin. Every three to five years, surgery is done to replace the pump's battery.

■ New insulins allow people with diabetes to be more flexible, says Vinicor. A fast-acting type allows diabetics to eat right after an injection. Researchers are mixing this with a long-lasting type to reduce the number of daily injections.

■ Better harvesting techniques and more effective immunosuppressive drugs are making pancreatic transplants a more viable option for people with type I diabetes. This is still major surgery and recipients must take powerful antirejection drugs for the rest of their lives, which can lead to bleeding problems, an increased susceptibility to infection and, in severe cases, fatal kidney failure. Researchers are now looking to develop pancreas-specific immunosuppressant drugs and to transplant just the insulin-producing cells of the pancreas, instead of the whole organ, to reduce the risk of rejection.

■ Scientists are using genetic engineering to alter fat cells so that they produce insulin. Clinical trials are five to ten years down the road. ●



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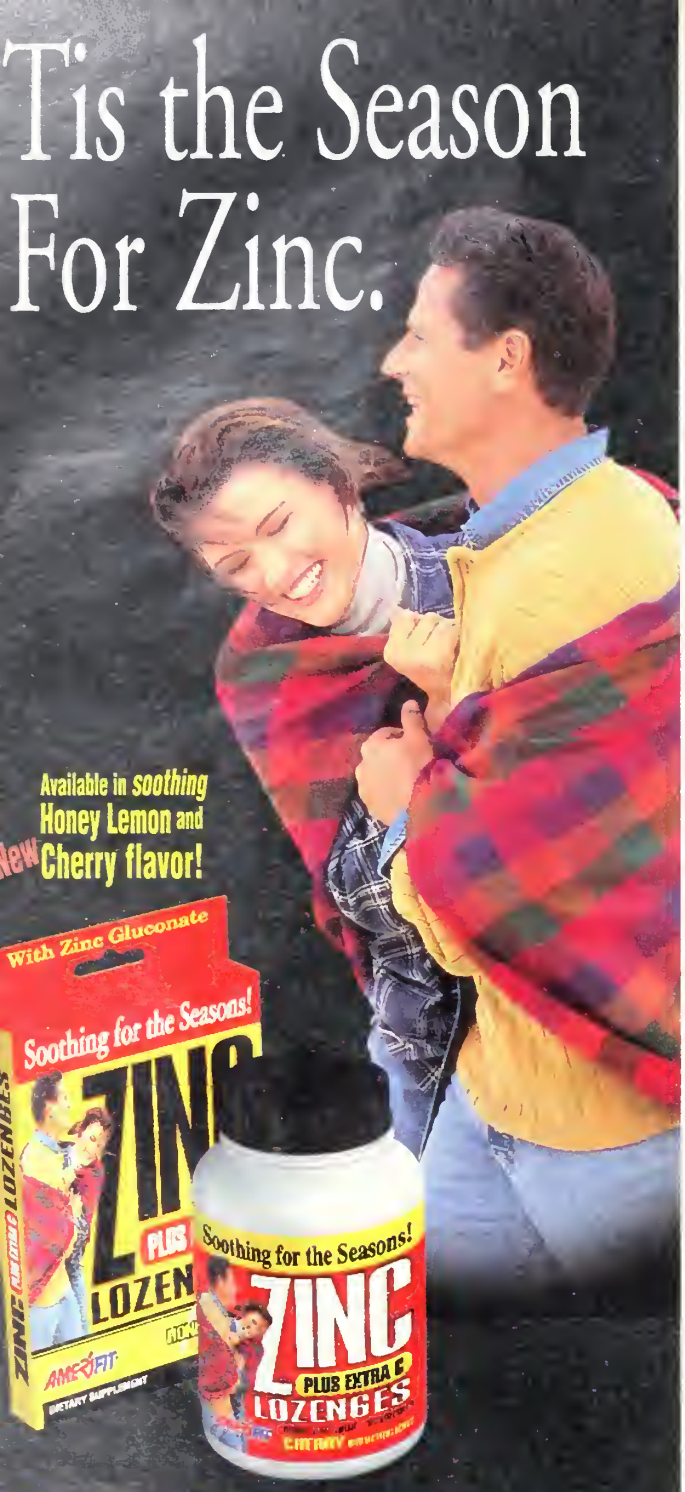
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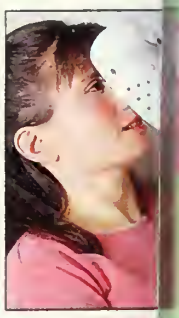
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e's How to Enter: Send your completed entry form to: LHJ's "Best Sweeps P.O. Box 3924, Milford, CT 06460. Be sure to include your name, address and phone in the space provided. Entry forms must be postmarked by 12/31/97 and received by 3. For official rules and full entry details, see page 110. Open to legal U.S. residents 18 older. No purchase necessary. Winners will be selected in a random drawing from all entries received. Odds of winning depend on number of eligible entries received.

Sweeps Entry Form

Fill in the missing words. Refer to the noted page numbers for the missing information.

"It's Time To Your Hands!" (p. 140)

Maybe she's with it. (pp. 8-9)

Holiday Nut Squares (pp. 260-261)

Great needs it. (p. 17)

No for a doctor's appointment. (p. 161)

Never send a to do a brownie's job. (p. 269)

Trusted for dry skin. (p. 37)

"More meat, please." (pp. 242-243)

therapy that works. (pp. 191-192)

Give a . Get a little. (p. 23)

Live the lines (p. 24)

Come see the side... (pp. 14-15)

It's America's Favorite Bean. (pp. 148-149)

Dry. . Worry free. (pp. 96-97)

Maximum . Maximum value. (p. 76)

The thing you can do for your skin. (p. 99)

Do at least one thing this holiday season. (p. 274)

If you grew up , it's time to call an internist. (p. 115)

Big on , Not on Fat. (p. 198)

We your day. (pp. 256-257)

Air transportation provided by (p. 133)

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Princess Diana 1961–1997 Queen of Hearts

My favorite pictures of Diana are the ones with her boys. She looked happiest and most relaxed when she was simply hugging her sons



I met her twice. The first time was at a June dance at an English country house a dozen years ago. On that evening she was painfully shy, hardly able to meet one's eye.

Yet she looked extraordinarily glamorous in a sleek one-shouldered, formfitting silver gown. After dinner, she coaxed a stiff and reluctant Charles onto the floor to dance with her to the disco hit "I Will Survive." I remember the other guests stopped dancing to watch, and we told each other, wanting to believe it, that they were just like the prince and princess in a fairy tale.

I met her again just last June, at a dinner in Washington, D.C. She was still lovely, of course, with great elegance and the same sweet, shy smile. But she was very different. She was much more self-confident, and gave a thoughtful speech about the worldwide problem of land mines, a cause that had received scant attention until it became so important to her. When we spoke, she surprised me by remembering in remarkable detail that first long-ago evening we shared. I wonder now if she also was thinking about how much she had changed and endured and grown in the years between.

I was fortunate to have had the chance to meet her. But we all felt we knew Diana and liked her. In the years ahead, I know we'll still look at her pictures, talk about her beauty and charm and her concern for others. We'll also remember where we were when we heard the news of her sudden, violent death. She touched us all. I think her loss will always seem very personal and very painful.

By Myrna Blyth
Editor-in-Chief



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Dear Expert

We asked today's most popular authorities to share their wit and wisdom on how to be smarter, happier, safer—and more

By Lynn Harris



Happiness is a gratitude journal

WHAT ARE THE BEST WAYS TO BOOST A MARRIAGE?

● **Stay up-to-date.** Strong couples keep each other posted regularly on everything from the day-to-day—such as what happened at work—to their changing hopes and aspirations for the future.

● **Choose your battles.** The emphasis on problem-solving in a marriage has been overstated. When you pick a relationship, you pick a set of unresolvable problems, such as clashes over differences in character, habits or outlook. Couples whose marriages work well know which problems will end in gridlock, which ones are worth tackling and which ones require compromise, acceptance and a good sense of humor.

—John Gottman, Ph.D., a professor of psychology at the University of Washington, in Seattle, who, with his wife, Julie, leads The Marriage Survival Kit, a course for couples



The office of the future?

WHAT ARE THE BEST WAYS TO KEEP SAFE DURING THE HOLIDAY SEASON?

● **Find an escort.** You're an easy target when your arms are full of packages after a day at the mall. If you're facing a long, lonely walk through the parking lot, ask a security guard to accompany you. Better yet, shop with a friend, or else use the store's delivery service or drive-up merchandise pickup area.

● **Protect your valuables.** Take a waist pack rather than a purse, or go prepared with "mugger money"—a decoy wallet containing $30 in cash and no credit cards—that you can hand over quickly if a robber threatens you.

● **Go with your gut.** If your instincts tell you to get out of a situation, follow them, even if you think you're overreacting.

—Paxton Quigley, noted personal-safety expert and author of "Not An Easy Target" (Fireside, 1995)

WHAT WILL BE THE BEST OFFICE INNOVATIONS IN THE NEXT CENTURY?

● Cubicles will shrink to the size of a helmet, fitting right over our heads—saving space as well as rent. Right now, a lot of people are feeling kind of lost and lonely in those gigantic 6x6-foot cubicles. ● Using our nation's most advanced military technology, the Stealth Business Suit will give working women and men the ability to be undetectable to annoying co-workers, unwanted phone calls and managers bearing unpleasant assignments. ● Products like the Excuse 9000™ will add selected background noise, such as highway traffic, to any phone conversation explaining why we are not at work ("flat tire"). ● Women will run the world in all democratic countries. This prediction is based on two indisputable facts: 1) Women already control the world; and 2) Who's going to stop them?

—Scott Adams, syndicated cartoonist of "Dilbert" and the author, most recently, of "The Dilbert Future: Thriving on Stupidity in the 21st Century" (HarperBusiness, 1997)

(continued)



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WHAT'S THE BEST WAY TO FIND "SIMPLE ABUNDANCE" IN LIFE?

I recommend keeping a gratitude journal: Every day, write down five small things that you are thankful for. Ask yourself, "What can I find in here that's a hidden gift?" In two months, you will start to see that all you have is all you truly need.

The most amazing thing you'll discover is that the big moments in your journal—the promotion, the move, the new baby—won't define the narrative; they're really just the punctuation. In March 1996, I wrote in my gratitude journal about the profound feeling of love, togetherness and warmth I had experienced just in eating pizza in a hotel restaurant with my family on a rainy evening. Looking back at the entry months later, I realized I'd written about that dinner *before* mentioning that my book had hit the *USA Today* best-seller list that day.

—Sarah Ban Breathnach, author of "Simple Abundance: A Daybook of Comfort and Joy" (Warner, 1995)

WHAT ARE THE BEST HOME BEAUTY ESSENTIALS?

● **Tea bags.** The tannic acid in tea eases undereye puffiness. Place a steeped, cooled bag over each eye for fifteen minutes. ● **Almond oil.** This rich, lustrous oil nourishes the skin around the eyes and softens lines and wrinkles. ● **Nude makeup.** Nude nail polish goes with everything, night or day. Also, instead of buying a lip pencil to match every lipstick, only buy one that matches your skin tone. It defines your lip line while you add the color of your choice on top. ● **A smile.** Even a model is not attractive if her attitude isn't. The ultimate beauty essentials are energy, a positive outlook and peace of mind.

—Gale Hayman, founder of her own line of cosmetics and author of "How Do I Look? The Complete Guide to Inner and Outer Beauty: From Cosmetics to Confidence" (Random House, 1996)

WHAT CAN WOMEN DO BETTER THAN MEN?

Plenty. Here, two examples:

● **We keep our balance better.** In an ongoing study headed by Frank R. Noyes, M.D., director of the Cincinnati Sportsmedicine and Orthopaedic Center, women have demonstrated 30 to 40 percent better "static" balance than men, meaning that we are more able to maintain our equilibrium while standing still.

● **We have more stamina for sports.** Women are built to last. In events as least as long as marathons, "women seem to have a bigger tank and a better fuel-injection system than men do," says Lewis G. Maharam, M.D., FACSM, a sports physician in private practice in New York City. Why? Over long distances, the body uses fat for fuel before using energy-producing carbohydrates. Since women naturally have more fat than men and seem to burn it more efficiently, they can spare their carbs longer—thus "hitting the wall" later. Also, estrogen appears to aid stability in the muscle membrane and promote speedier healing of worn muscles, and the hormone may also help delay feelings of fatigue.



Brewing up beauty

HOW CAN YOU BRING MORE LOVE INTO YOUR LIFE?

Be true to yourself. There is nothing more attractive than a person who is comfortable with who she is—someone who radiates simple, unaffected humanity. It's not about being or looking good all the time, or about adjusting your behavior to the people you're with; it's about taking off the mask and being sincerely you. Then, when people love you, they can love who you truly are.

—Deepak Chopra, M.D., educational director of The Chopra Center for Well-Being, in La Jolla, California, and author of best-sellers, including "The Path to Love" (Harmony, 1997) and "The Seven Spiritual Laws for Parents" (1997)

WHAT'S THE MOST HEARTWARMING TRUE-LIFE STORY YOU'VE EVER HEARD?

The one that is perhaps closest to my heart is the love story of a couple who married in 1942, just a few months before the young man went off to war. They vowed to write to each other every day, and when the soldier came home more than two years later, they had 1,716 letters between them. It's a lovely story no matter what, but the reason I love it most of all is because that devoted couple is my mother and father.

—Marci Shimoff, co-author, with Jennifer Read Hawthorne (and Jack Canfield and Mark Victor Hansen) of the inspirational books "Chicken Soup for the Woman's Soul" (Health Communications, 1996) and "Chicken Soup for the Mother's Soul" (1997)

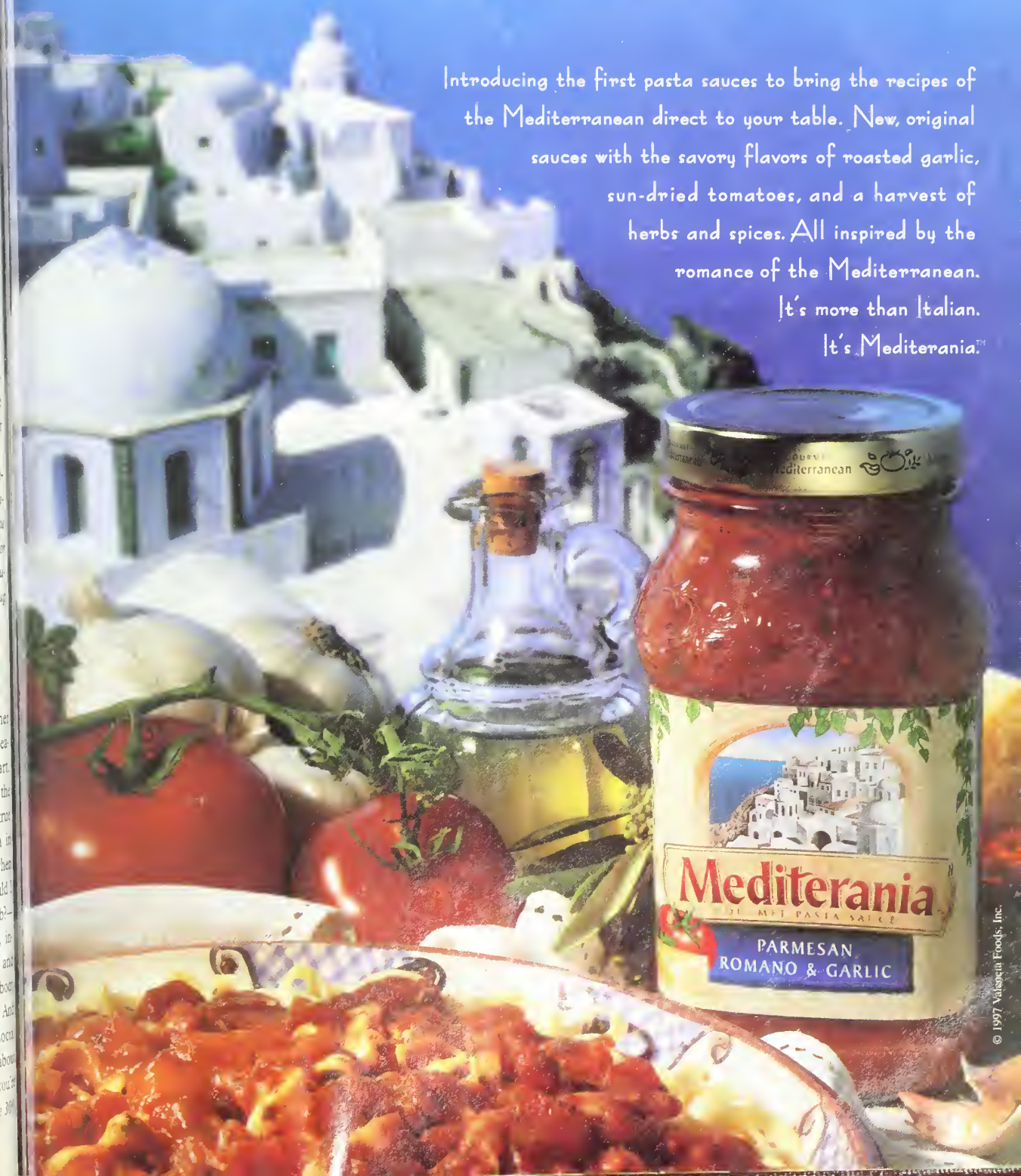
WHAT'S THE BEST WAY TO BECOME SMARTER?

Emotional intelligence is another way—besides what we call I.Q., reason or intellect—of being smart. How adept you are in matters of the heart and emotion determines true excellence at work, satisfaction in relationships, even health. So when you're facing big decisions—should I marry him? should I take this job?—go beyond the pros and cons; instead, listen to your feelings and trust them. They're how your body gives you its collective wisdom. And use your empathy to create social skills. Ask precise questions about others' emotions, as in, "So, you're under a lot *(continued on page 300)*

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30 Days to a better sex life



If your kids, job and chores have put the brakes on your sex life, this simple plan can get it charging full speed ahead By Lynn Harris

By the end of a typical day, most happy, loving, devoted couples cannot wait to jump into bed together . . . and *sleep*. Between deadlines and detergents, carpools and calendars, they hardly have a moment to wonder what happened to the proverbial spark—much less take on the seemingly daunting task of rekindling it.

If you're one of those couples, you should know that this fire is built on sturdier logs than you think. "The best sex actually occurs in monogamous, long-term relationships," says Patricia Love, Ph.D., a marriage and family therapist in Austin, Texas, and co-author, with Jo Robinson, of *Hot Monogamy* (Plume, 1995). As partners grow together, she says, "they have the opportunity to experience what I call 'vintage sex,' fueled not by youth, newness or physical beauty, but by the much more potent, intimate and enduring combination of love and emotional maturity."

In many cases, all it takes is a willingness to consider your sex life just as urgent and essential as the other priorities that cram your calendar. The following four-week program will help you do just that. And by the end of thirty not-so-typical days, you and your relationship will be wide awake.

WEEK ONE

THE FIRST, AND PROBABLY MOST IMPORTANT, STEP IS TO RESTORE AND INVIGORATE—THAT IS, TO REALLY LIVE—THE "LIFE" PART OF "SEX LIFE." TO DO THIS PROPERLY—AND FOR THE SEXIEST RESULTS—YOU AND YOUR PARTNER WILL NEED TO ABSTAIN FROM LOVEMAKING FOR NOW.

Do the Laundry. If something—major or minor—is bugging you, now is the time to resolve it (or decide to drop it). "Lingering resentments come into the bedroom with you," says Carolyn N. Bushong, L.P.C., a therapist in private practice in Denver and author of *The Seven Dumbest Relationship Mistakes Smart People Make* (Villard, 1997). "They prevent you from feeling like giving or receiving pleasure; they stop you from letting go."



And according to New York City psychotherapist Sharyn Wolf, the most common dirty laundry is, well . . . dirty laundry. "Women still do five times as much housework as men," says Wolf, author of *How to Stay Lovers for Life* (Dutton, 1997). "A marriage either feels fair, or it doesn't—and when it doesn't, an unequal distribution of chores is one of the main reasons why." Not only are women just plain exhausted after their two daily work shifts (office and home), they may also feel a general imbalance of commitment to home and hearth from their husbands—a slow-burning resentment of which also has a way of showing up in the bedroom.



TO DO: Make a list of the chores each of you is already responsible for—there may be more balance than you think. If there isn't, begin to negotiate a new split that both you and your husband can live with.

Make the "Little Things" Bigger. "Small, almost mindless moments of connection during the day present enormous opportunities for intimacy," says John Gottman, Ph.D., professor of psychology at the *(continued)*



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Continued



University of Washington, in Seattle, whose clinical research shows that frequent instances of "turning toward" each other correlate with stability, as well as passion, in a marriage. Why? The sim... acts, such as reading the paper ... your toes touching, or answering w... partner makes an idle comment, ac... plish the essential task of showing ... you are tuned in to each other. E... faint, this constant hum of interac... can also help ease otherwise dif... transitions from work to play, fro... ing parents to lovers.

TO DO: Each of you should log a ... mum of ten instances of "turnin... ward" every day. At bedtime, yo... share which little things mean ... most. What you hear may surpri... maybe even delight—you, a... shouldn't take long for this practi... become a habit.

Go the Distance. Part of growing ... to one another involves spending ... apart (and no, hours put in at the ... don't count). "You need to allow ... mate to miss you," says Ca... Bushong. Having other pursuits, e... ors or ways to spend solitary do... builds the independence that, a... paradoxically, fo... healthy devotion—a... es sexual tes... and desire as... "You can say, ... I've got my re... group until l... Tuesday, but why don't I meet yo... work at the Grille on Wednesday? ... wearing that red dress.'"



TO DO: Make a date—without yo... band. Time permitting, sign up for ... or group on a subject that interes... establish a weekly outing with frie... just block off one night that's ... alone. Your husband should do the ...

WEEK TWO

WITH THE BEHIND-THE-SCENES ... UNDER WAY, IT'S TIME TO CREAT... SPACE—LITERALLY AND FIGURATI... WHERE SEXUAL INTIMACY CAN G...

set the Stage. Forget what home signers and trend forecasters say out "cocooning." Relationship experts ist that the bedroom should be used ly for sex and rest. That means you ist banish the exercise bike to the sement, and vow not to carry any of- e work over the threshold. Though ir job in the first week of this gram was to establish intimacy continuum the tingles of love l the responsibilities life can co-exist, you o need some space that's protected n invasion.



DO: Devise practical ways of creating sual space. If you've got limited room our home, make clever use of stand- screens or establish work-in-bed cur- s—whatever will set the boundaries need.

rite the Script. Routine, even in a ual context, is not necessarily a dirty d. "With a longtime partner, there's nfort in familiarity," notes Shirley ss, Ph.D., a psychologist and marital rapist in private practice in Balti- e. Still, predictability is a common plaint. "Preferences, impulses and res change over time," says Carolyn hong. "Assuming everything is sta- quo is one of the key things that kills sion. It's a good idea to review peri- cally what each of you likes and sn't like."

O: Sit down together and map out routine. Do you tend to have sex at rticular time of day, in a particular tion, following a particular pattern? of you should make a list of the el- nts of your sexual encounters you dy really enjoy, and of new experi- s you'd like to incorporate. Keep gs positive and objective—and spe- !—by starting your sentences with ve it when . . ." and "I would love it u/I/we. . . ." See what new ideas of you is willing to try—and what ents of the familiar you'd like to re- n. Keep the list in a notebook in nightstand.

EEK THREE

VE IRONED OUT SOME OF THE EMO- IAL AND PRACTICAL PROBLEMS T GET IN THE WAY OF INTIMACY,

AND YOU MAY FEEL READY, OR EVEN ANXIOUS, FOR SEX—BUT NOT SO FAST! THIS WEEK: EVERYTHING BUT.

Indulge All Five Sens[illegible] Sixth. It's a truism so often forgotten: "The whole body is a sex organ," says Donald Etkes, Ph.D., a sex therapist in private practice in Sherman Oaks, California, and author of *Loving with Passion: Your Guide to the Joy of Sexual Intimacy* (Claremont Publishing, 1995). "When all the emphasis is on the genitals, orgasm and intercourse, that's when you risk performance anxiety." Now is the time to practice what experts call "sensate focus," which involves discovering new realms of pleasure and working on feeling good as an end in itself. Single out one sense every day or night this week:

TO DO: *DAY 1, TOUCH.* The skin is our largest sensory organ, and touching is the most direct means of nurturing and loving (in fact, studies show it actually helps infants grow). So why limit touch to only certain areas or goals? Etkes suggests giving each other massages (improvised or from a book or video), making sure that each person has the opportunity to give and, equally important, to receive pleasure as well.

DAY 2, TASTE. Feed each other your favorite dinner (or, for fun, use foods traditionally thought to be aphrodisiacs: oysters, lobsters, figs). Also, just kiss—focus on the unique taste of your partner's lips and skin.



DAY 3, HEARING. Figure out what music puts you in the mood: Is it Italian opera, or rhythm and blues? Or maybe you'll find that a "sounds of nature" recording creates the right kind of atmosphere. Also, don't forget what Marcia Douglass, Ph.D., and Lisa Douglass, Ph.D., authors of *Are We Having Fun Yet? The Intelligent Woman's Guide to Sex* (Hyperion, 1997), call "the other oral sex": the sweet (or saucy) nothings that certainly can lead to something. If you like, start by simply describing to each other, as graphically as you can, the most erotic times you've had together. *(continued)*

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ntinued

Y 4, SIGHT. **How often do you quietly serve your partner as he does every- y things—watching how his body ves, how his muscles tense, noting special mannerisms? And how of- do you just stare into each oth- s eyes? It's a cliché from love gs and romance novels, but a reason: Gazing at one anoth- is a truly profound way to con- t. While you're at it, think about nitty-gritty: What clothes do you ecially like to see your partner ring—or taking off? What do you to watch him do?**

' 5, SMELL. **Tonight's your chance to experiment with the sweet and savory aromas of perfumes, candles or bath beads (or even freshly baked cookies). But before you start spreading lotions or spraying cologne, first y focus on the scent that is uniquely partner's. What does his skin smell ? His hair? Cuddle together, and the deep.**

' 6, THE MIND. **Thinking sexy ghts all day—and sharing them you get home—can put you in the l just as powerfully as any of the ex- es just mentioned. Do more home- : Add to your "I'd love it if" list; about your favorite moments from ast five days.**

7, PUT IT ALL TOGETHER! **And don't et what experts call "afterplay." making doesn't end—and your es don't stop working—when the s over. Don't evaluate, just experi- being together.**

EK FOUR

'VE REBUILT THE FOUNDATION. IS THE TIME TO TACK ON SOME ADDITIONS. "KNOWING YOUR NER WELL—AND BEING WILLING AKE CHANGES—GIVES YOU THE POSSIBLE COMBINATION FOR NG NEW THINGS," SAYS PATRICIA . "IT'S A POWERFUL, SENSUAL DOX THAT FAMILIARITY AND SECU- GIVE YOU THE SAFETY WITHIN CH TO TAKE RISKS." HERE ARE

SOME WAYS TO LET YOUR IMAGINATION MAKE SEX SENSATIONAL:

What If . . . ? A great way to get started—and to get to know more than ever about each other's current desires—is to answer "if" questions, such as: "If you were to nonverbally signal in public that you wanted to make love, how would you do it?" "If you wanted to turn your lover on as quickly as possible, what means would you use?" "If you had to select the sexiest word in the English language, what would you say it is?" For more ideas, see *If3 . . . : Questions for the Game of Love*, by Evelyn McFarlane and James Saywell (Villard, 1997).

Check In. "It's really time for married people to take back the motel," says Donald Etkes. It might seem seedy, but for many that's part of the fun. Running out for "lunch" is not a bad way for a busy couple to stay—literally—in touch.

Accessorize. Respectful, romantic video erotica and interesting sex toys are available from many catalogs and stores nationwide. Don't be shy about experimenting.

Reverse Roles. Explore the possibilities of taking on dominant or submissive roles with each other, of putting one person "in charge" for the night. "It's a normal part of human sexuality to enjoy relinquishing power," says Gloria G. Brame, co-author of *Different Loving: The World of Sexual Dominance and Submission* (Villard, 1996).

Make Fantasy Reality. Act out some of the fantasies you already described in your "if" imaginings. Being tickled with a feather? Doing it on the kitchen table? As you make plans, talk frankly and lovingly about the elements of this four-week program that really worked for you (and yes, which ones made you feel ridiculous). Even if there have been more misses than hits, when the month is out, you'll find you are communicating more intimately, enjoying new experiences and reclaiming some long-lost but cherished old ones. And that's the prescription for keeping sex sensational from now on. ●

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The Dream That Drives Her



"I am not at the peak, *le sommet*, of what I can give," says Dion

LHJ goes into the recording studio with top-selling Canadian songbird CELINE DION. By Jim Jerome

For a singer known for lush ballads, Celine Dion is into a whole other groove. It is midnight, and the Manhattan studio is rocking with a heavy rhythm as the sleek twenty-nine-year-old French Canadian growls, snarls and belts her way Aretha-like through a track titled "Treat Her Like a Lady," slated to debut on her new album.

In the control booth, a dark-suited Sony Music exec wearing a gold earring pumps his fist and shouts, "Check it out!"

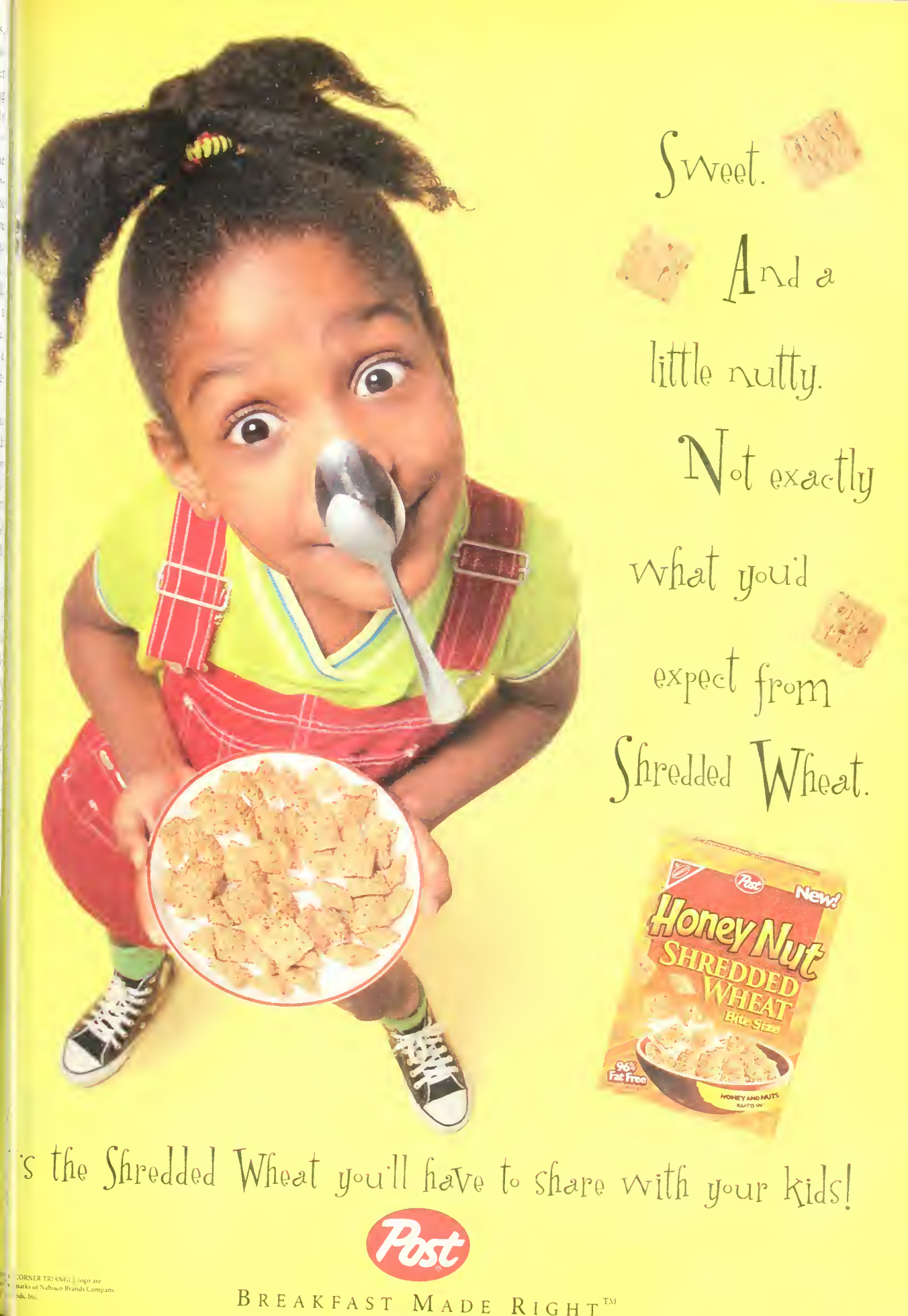
After her last funky riff fades, Dion struts into the control room to check it out herself. In black leather pants, steep heels and a clinging black blouse, she looks impossibly slinky. She sits next to her pony-tailed husband and manager René Angélil, fifty-five, who has shepherded her since the age of twelve from living in tiny Charlemagne, east of Montreal, to becoming a global chanteuse. As the playback begins, they eye each other silently, sending sly signals of approval and doubt.

But Dion can't sit still long. She is soon boogying with her behemoth bodyguard. "I tried this track for fun, because when you sing twenty-four ballads onstage, it's boring," she says, echoing her critics' most recurring carp. "This up-tempo feels great. I'm happy tonight."

What's not to be happy about? Dion has sold 55 million albums worldwide, including 12 million of *The Colour of My Love* and 25 million of last year's *Falling Into You*, making her the largest-selling pop female vocalist of 1996. In 1992 she walked off with an Oscar for the theme from *Beauty and the Beast* and last winter she had four Grammy nominations. Her hit "Because You Loved Me," the theme from the movie *Up Close & Personal*, also topped the charts. If she openly admires such rivals as Madonna, Whitney, Barbra and Mariah, she says she competes only against herself.

"I am not at the peak, *le sommet* of what I can give," she says, talking a bilingual blue streak in a studio lounge. "The day you're in competition with the others, you go crazy. I am completely, completely driven. Until I beat my last performance, I will not be able to say that I have become the singer I dreamed of being." Then again, if you can't beat 'em, join 'em. Dion is teaming up with Streisand for the duet "To Him" on this album.

Dion's intensity is *(continued*



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Green Apple Jelly Belly (Actual Size)

Still, she admits the obvious: "Why do you thin
I'm so thin? Not because I don't eat. I do." She ha
her father's high-voltage metabolism. "I'm a nervou
person. So the day I relax, maybe a child will com
into this world. This child needs a little bit of atter
tion and time."

The couple has promised themselves four months
no other commitments—soon. "Some people tell us whe
we stop, it will be easier," the singer adds. "We both lo
children, and this is our biggest dream, our top priority.

Angélil has battled real health issues. In April 1992,
the night the Rodney King verdict set off the L.A. rio
he was in his hotel room when he suffered a mild hea
attack. Fortunately, Cedars-Sinai Medical Center w
just two blocks away. "I was lucky, thank God," he says

Angélil changed his diet, began workouts, dropp
forty pounds and looked to reduce stress as his wife's c
reer soared with hits like "Beauty and the Beast" a
"The Power of Love." "René is very intense, to
and very sensitive," says Dion. "When he sees somethi
beautiful or sad, he cries. But he also keeps a lot
things inside. When nervous, he eats. I would love h
to lose pounds, but not for his looks, 'cause I lo
him that way. His belly is my own little pillow."

Despite smoothly meshing marriage and music, t
couple is rarely alone together at their Montreal a
West Palm Beach homes, she says. Angélil's so
twenty-nine and twenty-three, and daughter, twenty,

THE DREAM THAT DRIVES HER

Continued

fierce. Angélil, who discovered her from a homemade demo sixteen years ago, likens her determination to that of sports' Michael Jordan and Tiger Woods. "If you don't work at great natural talent, you can waste it," he says. "[These athletes] wanted to be the best and enjoyed working hard to achieve goals. Celine is like that."

Take golf: Once her husband hooked her on the game last summer, Dion set an absurdly ambitious goal—to shoot a double-bogey round of 108—and nearly hit it within six weeks. "She hits two hundred fifty balls every day. Cooking, golfing, singing—she is a perfectionist. This is the only way for her," Angélil says.

That would seem to include the one goal that has eluded the couple since their estimated $500,000 Montreal wedding almost three years ago: having a baby. "We're trying." She sighs. "The, uh . . . how you say . . . *les répétitions générales*, the dress rehearsals, are going fantastically well. When it happens, we'll be halfway to heaven."

Yet behind her sunny song-title outlook lies undeniable frustration. Dion dismisses tabloid reports that her health is an issue. "I am not so sick and stressed out that I cannot go on with my life. Touch wood," she says, twisting back to tap a cabinet, "we are both healthy enough to have many children." But she is "mad" about her relentless schedule, adding, "It is just a matter of time—and destiny."





Very Cherry Jelly Belly (Actual Size)



IT TASTES JUST LIKE A JELLY BELLY.

Coconut Jelly Belly (Actual Size)

ll as some of Dion's family, have blended into a veling entourage. As his wife's manager, Angélil says, s in charge; but at home, he says with a shrug, "she's boss." They lead a low-key life at their Florida re- at. Both regret time apart when Dion hits the road.

'That little incident with my heart was a signal," he s solemnly. "I have to take time off, relax. I am not nty-nine anymore. But, of course, I worry when I am [on tour]."

When they are apart, he calls her four times a day, and he vows to keep silent on days off to rest her vocal ds, she taps coded responses into the phone. But n is vocal about missing her man—and manager.

He is my strength. I feel complete when he's there. n't get me wrong—I can wake up alone, order my akfast myself. But when we get back together, it's so ng, it's scary."

he family the singer comes from "never had money, we were never poor," she recalls. "My mom always t ten bucks in her bra." Her father, Adhémar, worked forest ranger, butcher and prison guard to make s meet. Her mother, Thérèse, her true idol in life, yed all her life between four walls raising the family. still the baby and still very spoiled with so much love affection."

ion says her five brothers and eight sisters all med of a life in music; only she was destined to live it. Indeed, her vocal heroes reflect the hand-me-down hipness of older siblings: Aretha, Janis, Creedence Clearwater Revival and The Doobie Brothers.

She got her now-legendary break the moment Angélil decided to audition her after hearing her demo. He wept at her performance, then mortgaged his home to bankroll her rise. She dropped out of school at fourteen, singing only in French for several years. At eighteen, she began studying English and glammed up her look. Two years later, the pair fell in love and Angélil left his second wife. The ensuing scandal and publicity hardly hurt her success in Canada, and by the early nineties, Dion was starting to conquer American pop audiences.

She never looked back. "A 'normal' girl has boyfriends, smokes, drinks once in a while, screams outside to the moon and the next day has no voice and doesn't care. Me, it was always discipline, vocal lessons, stop talking for a week," she says. "It's like, Do I miss chocolate ice cream if I have never tasted it before? I made my choice to sing."

But there was heartbreak along the way: the 1993 death of beloved niece Karine Menard at age sixteen from cystic fibrosis, a hereditary disease. Dion has been a spokesperson for the Canadian Cystic Fibrosis Foundation ever since.

"We were very close. Karine trusted me, believed in me so much because I kept saying all the time, 'We'll cure it,'" she says sadly. "She let go and *(continued)*

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From top: Dion belts it out, stands by her man, René Angélil, and hugs her beloved niece Karine Menard

died in my arms as I sang to her. But she is still fighting with me. I will not let her down."

It is, says Angélil, the power of love in Dion's family that has kept her humble—despite reportedly giving her parents $150,000, a chalet, her mom a fur and her thirteen siblings $100,000 each. "Sixteen years later, she doesn't forget who she is," he says. "That's what impresses me the most."

Indeed, becoming a star has deepened Dion's family roots. "They all sang before me but weren't as lucky. It was not their destiny," she says, heading back into the studio. "I am happy for me, but every time I see them at my show in Montreal, I realize this is their dream, too. It's for all of us." ●

Jim Jerome is a contributing editor of Ladies' Home Journal.

LHJ SPECIAL OFFER

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INDICATIONS: Rimadyl is indicated for the relief of pain a inflammation in dogs. Rimadyl was shown to be clinicall effective for the relief of signs associated with osteoarth in dogs.

DOSAGE AND ADMINISTRATION: The recommended dosage for oral administration to dogs 1 mg/lb of body weight twice daily. Caplets are scored an dosage should be calculated in half-caplet increments.

CONTRAINDICATIONS: There are no known contraindications to this drug when used as directed. Rimadyl should not be used in dogs exhibiting previous hypersensitivity to carprofen.

PRECAUTIONS: The safe use of Rimadyl in pregnant dogs, dogs used for breeding purposes, or in lactating bitches has not been established. Studies to determine the activity of Rimadyl when administered concomitantly with other protein-bound drugs have not been conducted. Drug compatibility should be monitored closely in patients requiring additional therapy.

As a class, cyclo-oxygenase inhibitory NSAIDs may be associated with gastrointestinal and renal toxicity. Sensitivity to drug associated adverse effects varies with the individual patient. Patients at greatest risk for renal toxicity are th on concomitant diuretic therapy, or those with renal, cardiovascular, and/or hepatic dysfunction. Since many NSAI possess the potential to induce gastrointestinal ulcerati concomitant use of Rimadyl with other anti-inflammat drugs, such as corticosteroids and NSAIDs, should b avoided or very closely monitored.

Rimadyl treatment was not associated with renal toxic or gastrointestinal ulceration in safety studies of up to times the dose in dogs.

Rimadyl is not recommended for use in dogs with bleed disorders (e.g., Von Willebrand's disease), as safety has been established in dogs with these disorders.

WARNINGS: Keep out of reach of children. Not for human use. Consult a physician in cases of accidental ingestion by humans. **For use in dogs only.** Do not use in cats.

The material safety data sheet (MSDS) contains more de occupational safety information. To report adverse rea in users or to obtain a copy of the MSDS for this produ 1-800-366-5288.

ADVERSE REACTIONS: During investigational studies, clinically significant adverse reactions were reported. The clinical signs were observed during field studies which er similar for carprofen- and placebo-treated (control) d Incidences of the following were observed in both grou vomiting (4%), diarrhea (4%), changes in appetite (3% lethargy (1.4%), behavioral changes (1%), and constipa (0.3%). The product vehicle served as the control.

STORAGE: Store at controlled room temperature 15°–30 (59°–86°F).

HOW SUPPLIED: Rimadyl caplets are scored, and co 25 mg, 75 mg, or 100 mg of carprofen per caplet. Each size is packaged in bottles containing 100 or 250 cap

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See brief summary on adjacent page for important information.

Pfizer Animal Health







Love them, Love them not

I thought they'd suspend my mommy license for hating my kids when they're hateful; instead, admitting my feelings brought out the best in me. By Jacquelyn Mitchard

When I was a new mother, I met up with my neighbor, a psychologist who had what seemed to me an impossible number of children—four.

"How are you enjoying all this?" Gwen asked me. I bubbled that I was having a ball (okay, I left out the part about sleep deprivation and the two-hour commute to work). My son was hard-won, adopted following several miscarriages and a slew of infertility surgeries. Just seeing the curve of his cheek against the pillow every morning filled my heart to bursting. "Motherhood is so interesting," Gwen replied. "Even if you fall in love with another adult, until you have children, you just don't get to experience the full gamut of human emotion, do you?"

I asked what she meant.

"Why, love and hate," she replied. I had to scoop my jaw up off the ground.

Now, many years later, I have what my young neighbors probably consider an impossible number of children—five. One of them is still a toddler whose every gesture is a source of unimaginable hilarity and tenderness to me, and one is a thirteen-year-old in the midst of his first crush, whose growth from a child into a young man makes me ache with poignancy. I tell you this to point out that there's still a lot of tread left on me as a mother: I am not even tempted to long for the time when they are grown.

But I know what Gwen meant. Because there are times when I hate my children. Not the fact of them or the number or the aggregate of noise, demands and ant-filled pudding containers on the porch.

I mean that there are times when I hate them personally. Individually. One-to-one.

Now I know that I'm not supposed to speak such horrors. My children, of course, can and do say that they hate me, though it's considered naughty. And when they say it, they mean it. I know by the smoldering look in my eight-year-old's eyes that my survival is guaranteed only by the fact that Martin doesn't have access to a detonator and a stick of dynamite. Children are, however, presumed innocent of the moral responsibility for those hateful feelings. But the truth is, I believe my own moral evolution wasn't really on its way until I could allow myself to admit to negative feelings about my children.

For the first several thousand years of parenting, I couldn't.

Part of that was superstition. Since I got my children the hard way, through high-tech conception as well as adoption, I felt that *(continued)*

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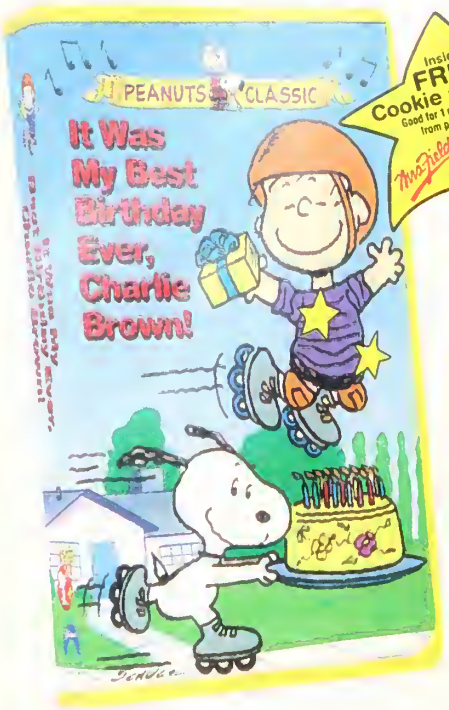
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LOVE THEM, LOVE THEM NOT

Continued

even the slightest sigh of weariness or frustration would engender backlash among the gods—they'd snatch back the gifts so grudgingly given.

So began the era of little boys lying prone in the middle of shopping malls, refusing to move unless physically carried off. As they grew older and another brother arrived, sit-in protests escalated to verbal battles and then fisticuffs. What I sometimes felt about them was . . . unprintable.

Since I didn't dare dislike my children, I turned that emotion on myself. How could I have ignored them to the degree that they acted out so hideously? How could we, loving parents who never forgot to read stories at bedtime, have raised two brothers who got along like Cain and Abel? I was weary from guilt, weary from repression, yet I couldn't do the obvious. I couldn't say, "I hate what you're doing! Please stop!"

That would have meant letting my children know I was only human, which seemed to me a character flaw. After all, wasn't I part of the new breed of mothers who could do it all, from heart-shaped pancakes to landing major accounts, while still wearing sexy chemises under her suit?

What finally made me come out as a mortal mom was a crisis. I'd sent my older son, then eight, to his room for stringing fishing line across the kitchen door in a fairly brutal attempt to clothesline his little brother. As he went up the stairs, my darling son called back to me, "Why did you adopt me? So you could hate me? I'll bet my real mommy would be nicer." I sat on the bottom step, rocking with sheer pain. So. Here it was. Proof of all the nasty whispered theories I overheard from ignorant people. He didn't really love me. I had failed to bond with him. I had failed, period.

Then, like a blade falling, something sliced through my anguish: for lack of a better word, righteous rage. I stood and bellowed up those stair "Hey! I'm not too fond of you rig now, either. And you can call me a kind of mother you want, but I'm t only one you've got, and it's not ok to say the most awful thing you c think of just because you're angry."

A blond head poked around t curve of the landing upstairs. "I' sorry," said my son. "I didn't like y very much then. But I do love yo And you are my real mom."

After that, the good sense of givi vent to my negative feelings bloom in me. Not, of course, with curs and slaps—those things happen wh parents try to hide their feelings. fact, when I catch myself yellin what I'm often feeling is not ang but afraid or exhausted. Often I not recognizing that children, bri little beasts of prey that they are, c scent a parent on half-strength a are drawn to test her.

Now, when my children are noxious in a restaurant or go cra when I'm trying to make a busin

call, I excuse myself and deal with them swiftly and seriously, making little effort to conceal the feelings their behavior arouses in me. The short-term result of this is often silent sulking. But I hope the long-term result will be a recognition that their mother is more forgiving than society at large will be when they're grown. I hope that my sons and daughters will understand that while love is unconditional, approval isn't.

At those times when my Anger-o-Meter threatens to hit the red zone, I employ a time-out strategy. Not for my sons—at eight and over, they're too old for a session in the time-out chair—but for myself. Once, when I found out from a neighbor that the two younger boys sent a smaller friend home in tears, telling him he wasn't good enough to be in their club, I didn't even want to know them. Children raised by wolves would have displayed more human kindness. So I excused myself, saying, "I'm so sad about your behavior to Charley, I can't even find words for it right now." As it turned out, I never had to find words. Within half an hour, both young outlaws had publicly regretted their unkindness. They'd employed the best possible sort of resolution—they'd used their consciences, which is exactly what we want children to do when we aren't around to set limits.

In essence, I think I'm a better parent now than back when I was perfect, or pretending to be. If I couldn't admit those negative feelings, to myself, to my circle, to my children, I would be denying a significant part of our relationship. It would be to deny the complexity and power of our bond, which isn't all Jell-O and pudding (or even ant-filled containers under the couch).

It's passion and it's power. And the recognition of its real nature means that even the bad parts of it end up being to the good. ●

Jacquelyn Mitchard, author of the runaway best-seller "The Deep End of the Ocean" (Viking, 1996), is currently writing her second novel, "The Most Wanted" (Viking, 1998).



LHJ Book Bag

The Rest of Us by Jacquelyn Mitchard is available to LHJ readers by arrangement with Penguin USA. Mitchard reveals her insights into the riddles of everyday life, from gun laws to garage sales. This collection of her wise and humorous essays is bound to touch all readers. The 256-page hardcover sells for $28.95. Also available in audiocassette (3 hours, two tapes) for $21.95. Prices include shipping, handling and applicable sales tax.

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"THE STORY I CAN'T FORGET"

All in a day's work? Not always. These top TV newswomen remember the people and events that made the most lasting impression By Lynn Harris



Sawyer with Mohammed in Indianapolis in 1986

To Save A Child **Diane Sawyer, *PrimeTime Live***

In 1985, I was in the West African country of Mali to report on the drought and famine for *60 Minutes*. We came across an eleven-year-old orphaned boy who, despite all the suffering and starvation, had this radiant, magical smile. His name was Mohammed. Little did I know that when his face was broadcast into living rooms across the country, a woman in Indianapolis would turn to her husband and say, "He's my responsibility."

I figured Cheryl Carter-Shotts was no different from the hundreds of other viewers who call the next day in a temporary burst of generosity. But she was. U.S. Immigration told her that she'd be looking for a needle in a haystack. Undaunted, Cheryl banged on doors and rang telephones until Catholic missionaries finally located the boy.

Using money they'd put aside for a new car, Cheryl's husband, Charlie, flew to Mali to meet Mohammed. But more red tape had to be cut before Mohammed could be brought home. Armed with a photograph of her son-to-be, Cheryl sat down with Immigration officials and said bluntly, "While you're talking to me, he's dying of hunger."

They listened. Cheryl and Charlie exhausted their life savings and took out a loan to bring Mohammed to Indianapolis. He already knew a fair amount of English and was soon so fluent that he was interviewed on local TV. He mentioned a friend of his whom he'd last seen lying sick in the street. And guess what? A woman watching in Bloomington, Indiana, turned to her husband and said, "He's my responsibility."

Mohammed's friend eventually came to Indiana, too, and later managed his American father's construction company. And next spring, Mohammed will earn his bachelor's degree from the Georgetown University School of Foreign Service. Cheryl runs Americans for African Adoptions, an agency she founded after she adopted Mohammed.

To know that two children were lifted from the jaws of death because of an eighteen-second news item I did as a matter of course . . . well, it's the kind of thing we in this business only dream about. *(continued)*

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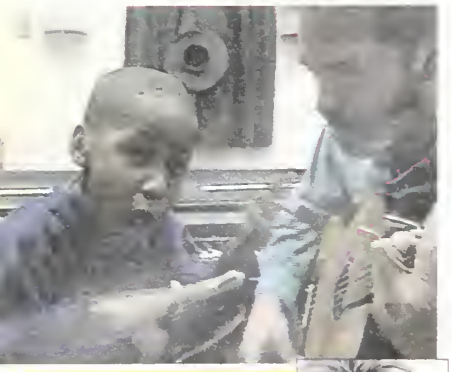
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Music Hath Charms

Deborah Norville, *Inside Edition*

A 1994 story we did about kids the experts have given up on focused on a severely autistic eleven-year-old boy named Joshua. The experts said there was no way to reach him, but his mother knew there was a little boy inside. Specifically, she noticed that her usually uncommunicative child reacted to music.

Somehow, she got Joshua enrolled at the Nordoff-Robbins Center for Music Therapy at New York University. Therapists there have observed that, while autistic kids are not necessarily musically gifted, they often have a fine-tuned ability to hear, repeat and re-create.

For session after session, Joshua responded very little to notes played on a keyboard or the beat of a drum. The therapists were pessimistic, but his mother persevered. She had something more potent than professional expertise: the fiercest, most devoted kind of mother love.

Joshua's breakthrough came in his seventeenth session. As his therapist paused in his playing of "Swanee River," Joshua began to play, repeating the entire song note for note. His face radiated pure joy.

Music gives Joshua an essential sense of mastery in a world from which he would otherwise be almost entirely withdrawn. Our story also helped give Joshua's mom a sense of mastery. She had managed to move to a better neighborhood, but her new neighbors avoided the lady with the strange child. The morning after the story ran, one of them said, "I saw you on TV, and I want to tell you how much I admire you." Now, that is what I call good news.



Unfinished Business

Cokie Roberts, ABC News

The 1979 nuclear accident at Three Mile Island, which I covered for National Public Radio, still haunts me.

What made the biggest—and most frightening—impression on me at the time was that no one, not even the authorities, really understood what was going on. Ordinary natural disasters are terrible, but knowable: You can watch the water rise, see the tornado approach, gauge the depth of snow in a blizzard.

But with Three Mile Island, there was this momentous sense of danger, yet nobody could judge its scope or impact. Unnerving as it was for me trying to report the story, I can't even imagine how horrible it must have been for the residents, scrambling to make fundamental, life-altering decisions based only on wild rumors.

Since part of a journalist's mission is to debunk what is false and report what is true, I really couldn't do my job. And that frustration is probably why, eighteen years later, I feel like I never quite finished this story.





A National Trauma, A Human Face

Jane Robelot, *CBS News This Morning*

My crew and I arrived in a torrential downpour to cover the Oklahoma City bombing. We threw our bags down at the local CBS affiliate and headed to the site, so propelled by the event's urgency that we were completely unprepared for the devastation we were about to see.

Starting then, I went for sixty hours with practically no sleep, coanchoring the morning news each day at four-thirty A.M. It was, I'm embarrassed to say, easy to feel sorry for myself. One morning as I waited to go on the air, I sat in the car, thinking, I'm cold, tired and hungry, and I don't want to be here. One of the producers knocked on the car door to ask if a few family members could sit inside to keep warm. Two men and two women with no coats and glazed looks got in. Right away, I recognized Aren, the mother of Baylee Almon, the tiny girl whose burned body came to symbolize the blast. Aren's house was so close to the explosion that it was cordoned off; she couldn't even go in to get a sweater. I wonder if she could even feel the cold—she was still so stunned. In the car's dark interior, I turned around to see her face and the shell of the woman who used to live in that body. I still haven't quite forgiven myself for my own self-pity in the face of others' unspeakable trauma. *(continued)*



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VAGINAL YEAST INFECTION

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(fluconazole 150-mg tablet)
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Diflucan®
(fluconazole 150-mg tablet)

for vaginal yeast infections due to *Candida*

Summary of patient information about DIFLUCAN (Di-flū-can), fluconazole (flū-con-a-zol)

PLEASE READ THIS BEFORE USING DIFLUCAN for the treatment of vaginal yeast infections due to *Candida*.

Pfizer wants you to know as much as possible about your medicines. The purpose of this summary is to inform you about DIFLUCAN and its use in the treatment of vaginal yeast infections. However, no summary can take the place of a discussion between you and your doctor or other healthcare professional. Your doctor has been provided with full prescribing information for DIFLUCAN, upon which this summary is based. You may want to read it and discuss any questions you may have.

What is a vaginal yeast infection?

In the vagina, yeast and bacteria live together in a balance that limits the excessive growth of either. When this normal balance is upset for any reason, an infection can occur. Changes within the vagina can be caused by increased moisture, as may happen during prolonged exposure to wet clothing or sweaty exercise outfits.

In addition, some medical conditions and certain medicines can increase the chances of getting a yeast infection. Specifically, the chances of getting an infection are higher in women who are pregnant, diabetic, using birth control pills, or taking antibiotics. Vaginal infections are common, and an estimated 75% of all adult women have at least one vaginal yeast infection in their lifetimes.

Vaginal yeast infections are uncomfortable and may cause itching, burning, and soreness. When infected, the lining of the vagina becomes inflamed (a condition known as vaginitis) and the vaginal area reddens. An increase in vaginal secretions is also common during yeast infections, and some women have a thick, white discharge.

What is *Candida*?

Most yeast infections are caused by a type of fungus called *Candida*. It is normal for the *Candida* yeast to live in the human body.

How does DIFLUCAN work against a yeast infection?

DIFLUCAN is an antifungal agent that works by interfering with the yeast's normal growth process. Because of this action, DIFLUCAN effectively cures most vaginal yeast infections due to *Candida*.

Who should NOT take DIFLUCAN?

DIFLUCAN should not be taken by anyone known to be allergic to fluconazole, the active ingredient, or to any of the inactive ingredients listed at the end of this Summary. Also, you should tell your doctor or other healthcare professional if you are allergic to any other medicines.

How should I take DIFLUCAN and what should I expect?

DIFLUCAN for vaginal yeast infections is a 150-mg tablet that is taken by mouth. Most patients can expect to see the beginning of symptom relief within 24 hours of taking the tablet. As DIFLUCAN works to cure the infection over a period of days, symptoms will gradually lessen and eventually disappear.

DIFLUCAN can be taken anytime—day or night, with or without meals. You should take it as soon as possible, **by mouth**, to ensure the earliest relief. If the symptoms have not started to go away within 3 to 5 days, you should contact your doctor or other healthcare professional.

Possible side effects

In US clinical studies of 448 patients taking a single dose of DIFLUCAN for vaginal yeast infections, the most common side effects reported were headache (13%), nausea (7%), and stomach pain (6%). Other side effects reported were diarrhea (3%), indigestion (1%), dizziness (1%), and changes in the way food tastes (1%). Overall, 26% of patients taking DIFLUCAN reported side effects, compared with 16% of 422 patients using vaginal products. You may want to discuss with your doctor or other healthcare professional whether the convenience of a single oral dose outweighs the increased risk of side effects compared with other treatments that are applied directly in the vagina. You should also tell your doctor or other healthcare professional about any side effects you do experience.

Important warnings and precautions

Follow your doctor's directions about how to take DIFLUCAN, and be aware of the following points:

- If the symptoms of your vaginal yeast infection have not improved within 3 to 5 days, contact your doctor or other healthcare professional.
- DIFLUCAN has not been studied in pregnant women. If you are pregnant, your doctor should prescribe DIFLUCAN only if the benefit to you justifies the possible risk to the fetus.
- Because DIFLUCAN passes into human milk, you should not take DIFLUCAN while nursing.
- Be sure to tell your doctor and other healthcare professionals about *all* the medicines you are taking—prescription, nonprescription, and vitamins. They know about possible interactions between medicines and are best able to prevent them. DIFLUCAN may interact with certain birth control pills, cimetidine (Tagamet), hydrochlorothiazide, antacids, rifampin, warfarin (Coumadin), phenytoin (Dilantin), cyclosporine (Sandimmune), zidovudine (Retrovir or AZT), theophylline, terfenadine (Seldane), and oral antidiabetic medicines. If you are not sure whether you are taking any of these medicines, check with your doctor, pharmacist, or other healthcare professional.
- DIFLUCAN has been connected to rare cases of serious liver damage, including deaths, primarily in patients with serious underlying medical conditions.
- Rare cases of anaphylaxis (a severe allergic reaction) have been reported, as well as rare cases of a severe skin disorder.

Cancer and impairment of fertility

Like most prescription drugs, DIFLUCAN was required to be tested on animals before it was allowed for human use. Often these tests are designed to achieve higher drug levels than humans achieve at recommended dosing. In these tests, benign liver tumors were observed in some of the male animals and a complicated labor/delivery was observed in some female animals. Your healthcare professional can tell you more about how drugs are tested on animals and what the results of these tests mean about safety for you.

Pediatric use

One-dose DIFLUCAN treatment for vaginal yeast infections due to *Candida* has not been studied in children. When multiple-dose DIFLUCAN was used for the treatment of other infections in children up to the age of 17 years, the most commonly reported side effects were vomiting (5%), stomach pain (3%), nausea (2%), and diarrhea (2%).

Active ingredient: Each tablet contains 150 mg fluconazole.

Inactive ingredients: Microcrystalline cellulose, dibasic calcium phosphate anhydrous, povidone, croscarmellose sodium, FD&C Red No. 40 aluminum lake dye, and magnesium stearate.

Caution: Federal law prohibits dispensing without a prescription. You must see a doctor to receive a prescription.

If you have any questions or want more information about DIFLUCAN for the treatment of vaginal yeast infections, talk to your doctor or other healthcare professional.

Pfizer U.S. Pharmaceuticals Group

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The Limits of Storytelling Tabitha Soren, *MTV News*

I'll never forget going to a ramsh
le shelter in Bosnia to interv
Bosnian Muslims who had lost te
homes and loved ones to the Serb

One woman wanted to fix
hair, but she could not remem
how she used to style it—it had be
that long since she'd looked
mirror. It was not a matter of va
but of identity. She needed to p
together who she was in order to
her story.

Another twenty-two-year-old m
er had watched soldiers drag her
band away. She desperately hoped
talking to us would let him kno
he was alive—that she and their y
son had survived. As she spoke
boy—he was four of five—clutch
photograph of two children froli
in a fountain. His mother expla
that it was among the items do
by families across the world.
photo of strangers was the only
he could call his own.

After I spoke with her, I turn
the others to ask if they'd share
stories. One older woman re
"Why do you need to talk to us
all have the same story."

At that moment, I felt pain
excruciatingly humble. In my na
I'd believed I'd found unique s
and unique ways to tell them. B

se women, what had happened
as normal and universal as a
-school graduation. My power of
ytelling was pitifully unequal to
level of suffering they had endured.



easoned Pro
ps Her Guard
Simmons, WNBC

years in the business, I'd pretty
h seen it all when, in 1982, we
he story of David, a six-year-old
whose father—in an effort to hurt
oy's mother—took the child to a
room, gave him a sleeping pill,
ed him with kerosene, lit a
h and left the room. David sur-
l, but third-degree burns over
ercent of his body left him horri-
isfigured even after hundreds of
istructive surgeries.

first saw David as our tape
l, and for the first time in my
r I had to stifle my gasp. In the
segment, I had to move into
conversation with an actor. I re-
I wasn't making much sense,
looked at this movie star and
"I'm sorry. I still haven't gotten
that little boy." The actor
ed annoyed—there were maybe
lion people watching—but I
viewers forgave me. They'd
he boy, too.

a follow-up story done years lat-
avid agreed to meet his father,
whom he'd been totally out of
ct, in the jail where he was do-
ne for another crime. Looking
her in the eye, David told him,
can't forgive you for this."

journalists are trained not to
emotionally. But David's tor-
–more agonizing somehow than
eath would have been—was
ning I couldn't erase from my
Not then, not now.





Split-Second Decision **Judy Woodruff, CNN**

Political reporters, unlike war correspondents, rarely have to choose between professional and personal necessity. But that's the situation I faced on March 30, 1981, when President Reagan was shot.

I was a member of the White House press pool—and three months pregnant. The President had given a speech at a Washington hotel, and I followed him to ask one more question. I was about twenty feet from him when I heard shots. Someone yelled, "Get down!" and I dropped to the ground, my mind frantically racing.

Through the chaos, I saw the President being whisked away and the authorities grabbing someone. (It turned out to be John Hinckley.) I knew my very next move should be to call NBC. But I made an instant decision to check on Jim Brady. The press secretary and I had become friends, and I had seen him lying on the pavement. I needed to know how badly he was hurt. I tried to get through all the medical and Secret Service personnel but realized I would just have to wait.

Then, my reporter's instincts rallied, and I ran to call the station. I knew there would be intense competition—measured in minutes, even seconds—to be the first reporter to call in the story (I was third). In principle, a reporter's work must come first. But what do you do when your professional stature is on the line, and someone close to you is in the line of fire? We all have one story where we'll second-guess a decision forever; this one is most definitely mine. ●



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Caution: If symptoms persist for more than two days, consult a physician

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The Gift of Giving

It's better to give than to receive—but try telling that to a wild-eyed child frantically ripping open presents on Christmas morning. The best way to teach kids the gift of giving, says Ronald Pitzer, a family sociologist at the University of Minnesota, in Minneapolis, is to include them in the gift exchange. A few months before Christmas, have your child start saving 25 percent of his allowance to buy inexpensive gifts for his siblings or relatives or to purchase materials to make simple presents for them. "Spending a lot is not what's important," says Pitzer. "Rather, it's that he actually learned to do for others." —Deborah J. Baer

New IRA Option

Q: My husband and I are self-employed, so we can't take advantage of corporate 401(k) plans. What's the best way for us to save for retirement?

A: Traditionally, the only choice for self-employed individuals was to open a Keogh fund, to which up to 15 percent of pretax adjusted earned income can be contributed. But now there is a new option called the SIMPLE-IRA. It allows you to put away, pretax, up to $6,000 a year, which could be more than the Keogh limit, depending on your income, and is substantially greater than the $2,000 maximum of a regular IRA. As with a Keogh, interest earned is tax-deferred, says Judy Thorp, partner-in-charge at Grant Thornton, a public accounting firm in Chicago; both invest in mutual funds, stocks and bonds, which can be purchased through banks or mutual-fund families. —Juliette Fairley

the BEST Internet Service Provider

Perhaps you're ready to join the other surfers on the World Wide Web, but how can you catch the best wave into cyberspace? With so many to choose from, picking an Internet service provider (ISP), the company that connects you via modem to the Internet, can be confusing. Some, like CompuServe and America Online, provide their own unique content, as well as Internet access, while local providers simply give you a straight path onto the Web. To find out which is best for you, read reviews of ISPs in computer magazines, says Rafe Needleman, editor of the online computing magazine, *CNET.COM*. Then consider:

PRICE Most ISPs offer unlimited access plans for about $20 a month, which is the best deal, says Needleman. You can opt to be billed by the hour, but these charges vary greatly and quickly add up. Also, make sure your access number is a local call so you won't pay long-distance charges while online.

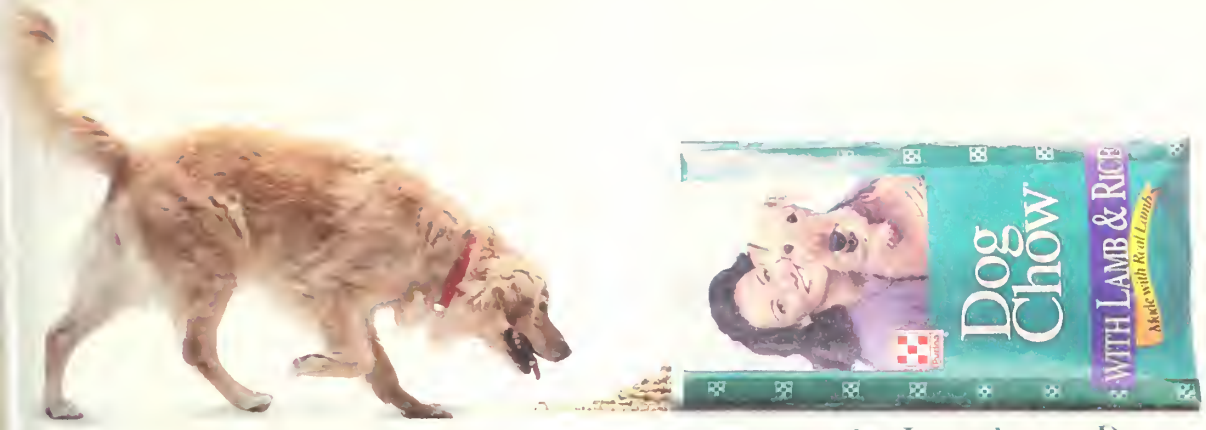
CUSTOMER SERVICE National ISPs (like AT&T) and small local ISPs usually offer the same kind of assistance. While larger companies generally have more representatives, a company's size is no guarantee of the quality of service you'll receive, says Needleman. Look for tech support that's accessible twenty-four hours, seven days a week.

SPEED AND RELIABILITY The ISP's modem should be at least as fast as your own computer's (and no less than 33.6 kbps). Be aware that telephone lines in some parts of the country are not yet able to handle the fastest modems. —Arricca Elin SanSone

playing the price

You're in your favorite discount-clothing store when you spot a fabulous sweater. You check the price with bated breath, and when you read "Suggested Retail $199.99; Our Price $49.99," you're thrilled—not to mention proud of your bargain-hunting prowess. Don't get too puffed up about it, however. "Retailers are inflating these original prices," says Isadore Barmash, a columnist for the online publication *Money Talks*. Then the items are quickly marked down to lure customers. While it's up to each state's attorney general's office to regulate these practices, it's a very difficult thing to police. That means that consumers need to be aware of gimmicky terms—*reduced*, *regularly*, *usually* or *formerly*—which are often used by retailers. "Be an alert shopper," warns Barmash, "and compare price tags in several stores. Your pocketbook will thank you." —D.J.B.





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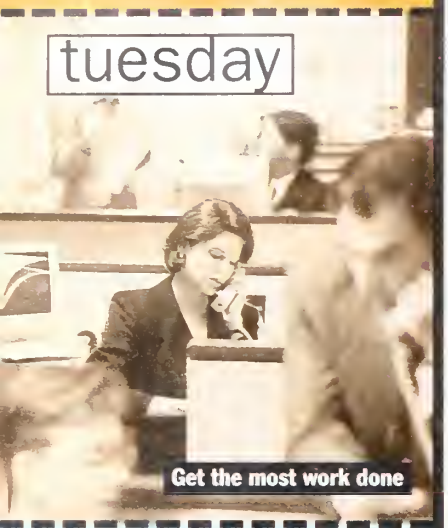
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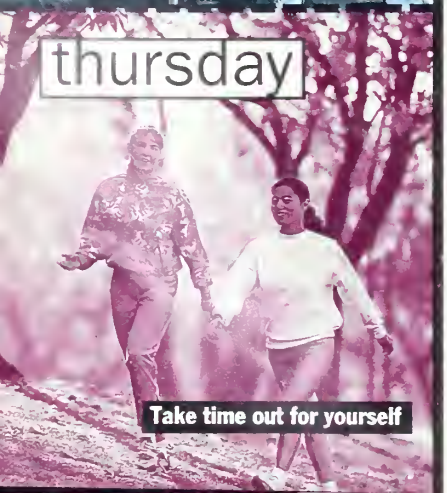
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THE BEST DAY TO . . .

Improve your health, finish important projects—even make love. Here, surprising research that will help you make the most of your week

By Sharlene K. Johnson

Dreading another manic Monday? Wishing for the weekend? We're all so tuned into the rhythm of the week that each day seems to have a personality all its own. In fact, that's not simply a matter of stereotypes. Researchers are discovering that your health, your mood, even your risk of having a car accident can all vary depending on whether it's Tuesday or Friday, Sunday or Thursday.

Just as scientists have learned that stress hormones and heart rate rise and fall in a predictable daily cycle, they've also found weekly patterns in things like blood pressure and suicide rates. "The weekly rhythms that most people display are based on societal norms," says Ronald J. Portman, M.D., medical director of the Hermann Center for Chronobiology and Chronotherapeutics at the University of Texas–Houston Health Science Center. For instance, patients with stress-induced hypertension may have perfectly normal blood pressure on weekends, when they're relaxed.

There are definite advantages to understanding the social forces that shape our week. Whether it's related to your health, your safety or even your marriage, here's the scoop on the best day to . . .

MONDAY
Take it easy

If the first day of the work week seems like a good day to pull the covers over your head and stay in bed, research shows that there's good reason to feel that way. "Most heart attacks occur on Monday," says Portman. "That's because we completely alter our regimen on the weekend. Then we have a bad Monday because we're trying to re-establish a pattern. And that makes for a very stressful day."

In one study, cardiologist Robert W. Peters, M.D., of the Department of Veterans Affairs Medical Center, in Baltimore, found that pacemakers, which record the date and time of an irregular heartbeat, were activated almost twice as often on Monday as on Saturday or Sunday. Researchers at the Boston University School of Medicine have also pinpointed Monday as a peak day for all types of strokes.

The lesson here? "Try to keep your weekend routine similar to the week," says Portman. That doesn't mean you can't have fun—just don't go to extremes by staying up until all hours, drinking too much and then sleeping late the next day. If you have a sedentary job, don't try to make up for a sluggish week by becoming a weekend warrior; instead, try to fit in some exercise before or after work. Similarly, if you have a physical job during the week, stay active on the weekend. *(continued)*

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IMITREX Tablets were created specifically for the acute treatment of migraine attacks. They not only relieve the pain but also the nausea and sensitivity to light that often accompany migraine. What's more, this unique prescription medicine is effective even if you take it when your migraine is at its worst.

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IMITREX Tablets have been prescribed for millions of migraine attacks in the U.S. and worldwide.

IS IMITREX RIGHT FOR YOU?

IMITREX is appropriate for many migraine sufferers, but only your doctor or other health care provider can decide if IMITREX is right for you. You should not take IMITREX if you have certain types of heart disease, blood pressure that is uncontrolled, or are allergic to this medication. If you have risk factors for heart disease, such as high blood pressure, high cholesterol, diabetes, or are a smoker, you need to be evaluated by your doctor before taking IMITREX. Very rarely, people with undiagnosed heart disease have had serious heart-related problems when taking IMITREX.

If you are pregnant, nursing, or thinking about becoming pregnant, talk to your doctor. If your headaches are not migraines, IMITREX is not for you.

The most frequently seen side effects are tingling and nasal discomfort.

1 Source: Physicians' Drug and Diagnosis Audit (PDDA) August 1995 – July 1996. Scott Levin a subsidiary of PMSI

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BRIEF SUMMARY

IMITREX® (sumatriptan succinate) Tablets

This brief summary is a brief summary only; see full prescribing information for complete prescribing information.

CONTRAINDICATIONS: Because of rare reports of coronary vasospasm, IMITREX Tablets should not be given to patients with ischemic heart disease (angina pectoris, history of myocardial infarction, or documented silent ischemia) or to patients with Prinzmetal's angina. Also, patients with symptoms or signs consistent with ischemic heart disease should not receive IMITREX Tablets. Because IMITREX Tablets can give rise to increases in blood pressure (usually small), they should not be given to patients with uncontrolled hypertension.

Concurrent administration of monoamine oxidase (MAO) inhibitors or use within 2 weeks of discontinuation of MAO inhibitor therapy is contraindicated (see CLINICAL PHARMACOLOGY Drug Interactions section of full prescribing information and PRECAUTIONS Drug Interactions).

IMITREX Tablets should not be used within 24 hours of an ergotamine-containing or ergot-type medication like dihydroergotamine or methysergide.

IMITREX Tablets are contraindicated in patients with hypersensitivity to sumatriptan or any of the ingredients.

WARNINGS: IMITREX Tablets should only be used where a clear diagnosis of migraine has been established.

IMITREX Tablets should not be administered to patients with basilar or hemiplegic migraine.

Hypersensitivity (anaphylaxis/anaphylactoid) reactions have occurred on rare occasions in patients receiving sumatriptan. Such reactions can be life threatening or fatal. In general, hypersensitivity reactions to drugs are more likely to occur in individuals with a history of sensitivity to multiple allergens.

Cardiac Events/Coronary Constriction: Serious coronary events, including some that have been fatal, following IMITREX Tablets have occurred but are extremely rare. Although it is not clear how many of these can be attributed to IMITREX, because of their potential to cause coronary vasospasm, IMITREX Tablets should not be given to patients in whom unrecognized coronary artery disease (CAD) is likely without a prior evaluation for underlying cardiovascular disease. Such patients include post-menopausal women, males over 40, and patients with other risk factors for CAD such as hypertension, hypercholesterolemia, obesity, diabetes, smokers, and strong family history. Following a satisfactory cardiovascular assessment, it is recommended that the first dose of IMITREX Tablets be given in the physician's office for patients with underlying risk factors for CAD unless these patients have previously received sumatriptan. If symptoms consistent with angina occur, electrocardiographic (ECG) evaluation should be carried out to look for ischemic changes.

Sumatriptan may cause coronary vasospasm in patients with a history of CAD, who are known to be more susceptible than others to coronary artery vasospasm, and, rarely, in patients without prior history suggestive of CAD. Of 6,348 patients in clinical trials of oral sumatriptan, two experienced clinical adverse events shortly after receiving oral sumatriptan that may have reflected coronary vasospasm. Neither of these adverse events was associated with a serious clinical outcome.

There have been rare reports from countries where IMITREX Tablets are already on the market of serious adverse events, including myocardial infarction, ECG changes suggestive of myocardial ischemia, and symptoms consistent with angina pectoris.

Drug-Associated Fatalities: In extensive worldwide postmarketing experience, deaths have been reported following the use of IMITREX Tablets. In most cases, the deaths occurred after treatment with IMITREX Tablets occurred well after sumatriptan use (e.g., 3 or more hours postdose) and probably reflect underlying disease and spontaneous events.

There have, however, been several fatalities that occurred within a few hours after the use of sumatriptan. The specific contribution of sumatriptan to most of these deaths cannot be determined, but in one case with IMITREX™ (sumatriptan succinate) Injection, a 41-year-old woman with a 6-day history of unilateral headache, uncertain history of cardiovascular disease with known risk factors (positive family history, postmenopausal woman, and smoking) and a history of asthma and codeine allergy, experienced nausea, vomiting, a sense of warmth, chest pressure and sweating within 7 minutes of dosing. This was followed by hypotension at about one-half hour, and ventricular tachycardia/ventricular fibrillation leading to death. In most other cases, death was attributed to myocardial infarction occurring hours after drug administration.

Deaths attributed to strokes, cerebral hemorrhage, and other cerebrovascular events have also been reported in patients treated with oral and subcutaneous sumatriptan. In many cases, it appears possible that the cerebrovascular events were primary, since sumatriptan was given in the incorrect belief that the symptoms experienced were migrainous in origin when they were not. Accordingly, it is important to advise patients not to administer sumatriptan if a headache being experienced is atypical.

Use in Women of Childbearing Potential: (see PRECAUTIONS).

PRECAUTIONS:

General: Atypical sensations over the precordium (tightness, pressure, heaviness) have been reported after IMITREX Tablets, but have only rarely been associated with ischemic ECG changes. However, because sumatriptan may cause coronary artery vasospasm, patients who experience signs or symptoms suggestive of angina following sumatriptan should be evaluated for the presence of CAD or a predisposition to Prinzmetal's variant angina before receiving additional doses of sumatriptan (see WARNINGS). Similarly, patients who experience other symptoms or signs suggestive of decreased arterial flow (such as ischemic abdominal syndromes or Raynaud's syndrome) following sumatriptan should be evaluated for atherosclerosis or predisposition to vasospasm.

Sumatriptan may cause mild, transient elevation of blood pressure (see CLINICAL PHARMACOLOGY section of full prescribing information).

IMITREX Tablets should also be administered with caution to patients with impaired hepatic function (see CLINICAL PHARMACOLOGY and DOSAGE AND ADMINISTRATION sections of full prescribing information).

There have been rare reports of seizure following administration of sumatriptan.

As with other acute migraine therapies, before treating headaches in patients not previously diagnosed as migraineurs and in migraineurs who present with atypical symptoms, care should be taken to exclude other potentially serious neurological conditions. There have been rare reports where patients received sumatriptan for severe headaches that were subsequently shown to have been secondary to an evolving neurological lesion (cerebrovascular accident, subarachnoid hemorrhage). For a given attack, if a patient has no response to the first dose, the diagnosis of migraine should be reconsidered before administration of a second dose. In this regard, it should be noted that migraineurs may be at increased risk of certain cerebrovascular events (e.g., cerebrovascular accident, transient ischemic attack).

Binding to Melanin-Containing Tissues: Because sumatriptan binds to melanin, it could accumulate in melanin-rich tissues (such as the eye) over time. This raises the possibility that sumatriptan could cause toxicity in these tissues after extended use. However, no effects attributable to treatment with sumatriptan were noted in any of the toxicity studies in which ocular monitoring of ophthalmologic function was undertaken in clinical trials, and no recommendations for ophthalmologic monitoring are offered. prescribers should be aware of the possibility of long-term ophthalmologic effects (see CLINICAL PHARMACOLOGY section of full prescribing information).

Corneal Opacities: Sumatriptan causes corneal opacities and defects in the corneal epithelium in dogs, this raises the possibility that these changes may occur in humans. While patients were not systematically evaluated for these changes in clinical trials, and no specific recommendations for monitoring are being offered, prescribers should be aware of the possibility of these changes (see CLINICAL PHARMACOLOGY section of full prescribing information).

Information for Patients: See PATIENT INFORMATION at the end of the full prescribing information for the text of the separate leaflet provided for patients.

Laboratory Tests: No specific laboratory tests are recommended for monitoring patients prior to and/or after treatment with IMITREX Tablets.

Drug Interactions:

Note: The combined use of oral sumatriptan and MAO inhibitors is contraindicated (see CONTRAINDICATIONS).

There is no evidence that concomitant use of migraine prophylactic medications has any effect on the efficacy or unwanted effects of sumatriptan. In controlled trials, a retrospective analysis compared 199 patients who had been using IMITREX Tablets and prophylactic drugs (calcium channel blockers, n=76; tricyclic antidepressants, n=43; beta blockers, n=70) to those who had not used prophylaxis (n=1,220). There were no differences in overall adverse event rates between the two groups.

Ergot-containing drugs have been reported to cause prolonged vasospastic reactions. Because there is a theoretical basis that these effects may be additive, use of ergot-containing or ergot-type medications (like dihydroergotamine or methysergide) and sumatriptan within 24 hours of each other should be avoided (see CONTRAINDICATIONS).

Propranolol: Pretreatment with propranolol 80 mg twice daily for 7 days had no effect on the pharmacokinetics, blood pressure, or pulse rate of oral sumatriptan administered as a single 300-mg dose.

Alcohol: Alcohol consumed 30 minutes prior to sumatriptan ingestion had no effect on the pharmacokinetics of sumatriptan.

Drug/Laboratory Test Interactions: IMITREX Tablets are not known to interfere with commonly employed clinical laboratory tests.

Carcinogenesis, Mutagenesis, Impairment of Fertility: In carcinogenicity studies, rats and mice were given sumatriptan by oral gavage (rats, 104 weeks) or in drinking water (mice, 78 weeks). Average exposures achieved in mice receiving the highest dose were approximately 40 times the exposure attained in humans after the maximum recommended single dose of 100 mg. The highest dose to rats was approximately 15 times the maximum single human dose of 100 mg on a mg/m² basis. There was no evidence of an increase in tumors in either species related to sumatriptan administration.

Sumatriptan was not mutagenic in the presence or absence of metabolic activation when tested in two gene mutation assays (the Ames test and the in vitro mammalian Chinese hamster V79/HGPRT assay). In two cytogenetics assays (the in vitro human lymphocyte assay and the in vivo rat micronucleus assay) sumatriptan was not associated with clastogenic activity.

In a study in which male and female rats were dosed daily with oral sumatriptan prior to and throughout the mating period, there was a treatment-related decrease in fertility secondary to a decrease in mating in animals treated with 50 and 500 mg/kg per day. The no-effect dose for this finding was approximately one half of the maximum recommended single human dose of 100 mg on a mg/m² basis. It is not clear whether the problem is associated with treatment of the males or females or both combined.

Pregnancy: ***Pregnancy Category C***. In reproductive toxicity studies in rats and rabbits, oral treatment with sumatriptan was associated with embryolethality, fetal abnormalities, and pup mortality. There is no evidence that establishes that sumatriptan is a human teratogen; however, there are no adequate and well-controlled studies in pregnant women. IMITREX Tablets should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. In assessing this information, the following findings should be considered:

Embryolethality: When given orally to pregnant rabbits daily throughout the period of organogenesis, sumatriptan caused embryolethality only at a dose that clearly resulted in maternal toxicity, 100 mg/kg per day. The no-effect dose for embryolethality was 50 mg/kg per day, which is approximately nine times the maximum single human dose of 100 mg on a mg/m² basis.

Teratogenicity: A study in which rats were dosed daily with oral sumatriptan prior to and throughout gestation demonstrated fetal toxicity and a small increased incidence of a syndrome of malformations (short tail/short body and vertebral disorganization) after long-term treatment with 500 mg/kg per day. The no-effect dose for this effect was 50 mg/kg per day, approximately five times the maximum single human dose of 100 mg on a mg/m² basis.

Oral treatment of pregnant rats with sumatriptan during the period of organogenesis resulted in an increased incidence of blood vessel abnormalities (cervicothoracic and umbilical) at doses of approximately 250 mg/kg per day or higher. The no-effect dose for this was approximately 60 mg/kg per day, approximately six times the maximum single human dose of 100 mg on a mg/m² basis.

Oral treatment of pregnant rabbits with sumatriptan during the period of organogenesis resulted in an increased incidence of cervicothoracic vascular and skeletal abnormalities. The highest no-effect dose established for these effects was 15 mg/kg per day, approximately three times the human dose of 100 mg on a mg/m² basis.

To monitor fetal outcomes of pregnant women exposed to IMITREX, Glaxo Wellcome Inc. maintains a Sumatriptan Pregnancy Registry. Physicians are encouraged to register patients by calling (800) 722-9292, ext. 39441.

Pup Deaths: Oral treatment of pregnant rats with sumatriptan during the period of organogenesis resulted in a decrease in pup survival between birth and posthatal day 4 at doses of approximately 250 mg/kg per day or higher. The no-effect dose for this effect was approximately 60 mg/kg per day, or six times the human dose of 100 mg on a mg/m² basis.

Oral treatment of pregnant rats with sumatriptan from gestational day 17 through postnatal day 21 demonstrated a decrease in pup survival measured at postnatal days 2, 4, and 20 at the dose of 1,000 mg/kg per day. The no-effect dose for this finding was 100 mg/kg per day, approximately 10 times the human dose of 100 mg on a mg/m² basis.

Nursing Mothers: Sumatriptan is excreted in human breast milk. Therefore, caution should be exercised when considering the administration of IMITREX Tablets to nursing women.

Pediatric Use: Safety and effectiveness of IMITREX Tablets in pediatric patients have not been established.

Use in the Elderly: The safety and effectiveness of IMITREX Tablets in individuals over age 65 have not been systematically evaluated, but the pharmacokinetic disposition of IMITREX Tablets in the elderly is similar to that seen in younger adults.

ADVERSE REACTIONS: (see also PRECAUTIONS) Sumatriptan may cause coronary vasospasm in patients with a history of CAD, known to be susceptible to coronary artery vasospasm, and, very rarely, without prior history suggestive of CAD.

There have been rare reports from countries in which IMITREX Tablets have been marketed of serious and/or life-threatening arrhythmias including atrial fibrillation, ventricular fibrillation, ventricular tachycardia, myocardial infarction, ECG changes suggestive of myocardial ischemia, and symptoms consistent with angina pectoris after oral sumatriptan. Chest discomfort, when it occurs, is usually noncardiac in origin.

Other untoward clinical events associated with the use of IMITREX Tablets are: warm/hot sensations, tingling/paresthesia, pressure sensations, flushing, sensations of heaviness, chest symptoms (tightness and sensations of heaviness), dizziness/vertigo, bad taste in mouth, weakness, myalgias, neck stiffness; all these untoward effects are transient, although they may be severe in occasional patients.

Incidence in Controlled Clinical Trials: The following table lists adverse events that occurred in two large US placebo-controlled clinical trials. Only events that occurred at a frequency of 1% or more in the IMITREX Tablets 100-mg group and that occurred more frequently in that group than the placebo group are included in the following table.

Treatment-Emergent Adverse Events in Controlled US Clinical Trials Reported by at Least 1% of Patients With Migraine*

	Percent of Patients Reporting			
Adverse Event Type	Placebo (n=112)	IMITREX 25 mg (n=114)	IMITREX 50 mg (n=108)	IMITREX 100 mg (n=112)
Atypical sensations				
Feeling of heaviness	<1	<1	<1	2
Feeling of tightness	0	<1	2	2
Pressure sensation	0	<1	2	2
Tingling	4	8	4	5
Warm/hot sensation	<1	2	3	3
Cardiovascular				
Flushing	<1	0	4	2
Palpitations	<1	0	<1	2
Ear, nose, and throat				
Discomfort nasal	4	5	5	7
Eye				
Irritation of eye(s)	0	0	0	2
Visual disturbance	<1	0	<1	3
Musculoskeletal				
Weakness	0	2	<1	2
Neurological				
Agitation	0	0	0	2
Urogenital				
Dysuria	<1	0	0	2

*Events that occurred at a frequency of 1% or more in the IMITREX Tablets 100-mg group and that occurred more frequently in that group than the placebo group.

Other events that occurred at least as often on placebo as in the 100-mg dose group included abdominal discomfort, mouth or tongue discomfort, neck stiffness, anxiety, disturbance, nausea and/or vomiting, migraine, headache, drowsiness/sedation, dizziness/vertigo, and malaise/fatigue.

IMITREX Tablets are generally well tolerated. Across all doses, most adverse events are mild and transient and do not lead to long-lasting effects. The incidence of adverse events in controlled clinical trials was not affected by gender or age of the patient. There was insufficient data to assess the impact of race on the incidence of adverse events.

Other Events Observed in Association With Oral Sumatriptan: In the paragraphs below, the frequencies of less commonly reported adverse clinical events are presented. Because the reports cite events observed in open and uncontrolled studies, the role of IMITREX Tablets in their causation cannot be reliably determined. Furthermore, variables associated with reporting requirements, the terminology used to describe adverse events, etc., limit the value of quantitative frequency estimates provided.

Event frequencies are calculated as the number of patients reporting an event divided by the total number of patients (n = 6,348) exposed to oral sumatriptan. All reported events are included except those already listed in the previous table, those too general to be informative, and those not reasonably associated with the use of the drug. Events are further classified within body system categories and enumerated in order of decreasing frequency, using the following definitions: frequent adverse events are defined as those occurring in at least 1/100 patients; infrequent adverse events are those occurring in 1/100 to 1/1,000 patients; rare adverse events are those occurring in fewer than 1/1,000 patients.

Atypical Sensations: Frequent were burning sensation, numbness, paresthesia. Infrequent was tight feeling in head. Rare were dysesthesia, hot and cold sensations.

Cardiovascular: Frequent were chest discomfort, chest pressure/heaviness, chest tightness. Infrequent were arrhythmia, changes in ECG, hypertension, hypotension, pulsating sensations, tachycardia.

Rare were angina, atherosclerosis, bradycardia, cerebral ischemia, cerebrovascular lesion, heart block, peripheral cyanosis, thrombosis, transient myocardial ischemia, vasodilation.

Ear, Nose, and Throat: Frequent were throat symptoms. Infrequent were hearing disturbances, otalgia. Rare was feeling of fullness in the ear(s).

Endocrine and Metabolic: Infrequent was thirst. Rare were elevated thyroid stimulating hormone (TSH) levels, galactorrhea, hyperglycemia, hypoglycemia, hypothyroidism, polydipsia, weight gain, weight loss.

Eye: Rare were disorders of sclera, mydriasis.

Gastrointestinal: Frequent were diarrhea, gastric symptoms. Infrequent were constipation, dysphagia, gastroesophageal reflux. Rare were gastrointestinal hemorrhage, hematemesis, melena, peptic ulcer.

Hematological Disorders: Rare was anemia.

Musculoskeletal: Frequent was myalgia. Infrequent was muscle cramps. Rare was tetany.

Neurological: Frequent were phonophobia, photophobia. Infrequent were confusional depression, difficulty concentrating, disturbance of smell, dysarthria, euphoria, heat sensitivity, incoordination, lacrimation, monoplegia, sleep disturbance, paresthesia, syncope, tremor. Rare were aggressiveness, apathy, bradylogia, cluster headache, confusions, decreased appetite, drug abuse, dystonic reaction, facial paralysis, hallucinations, hunger, hyperesthesia, hysteria, increased alertness, memory disturbance, neuralgia, paralysis, personality change, phobia, radiculopathy, rigidity, suicide, twitching.

Respiratory: Frequent was dyspnea. Infrequent was asthma. Rare was hiccups.

Skin: Frequent was sweating. Infrequent were erythema, pruritus, rash. Rare was tenderness. Rare were dry/scaly skin, tightness of skin, wrinkling of skin.

Breasts: Infrequent was tenderness. Rare was nipple discharge.

Urogenital: Infrequent were dysmenorrhea, increased urination, intermenstrual bleeding. Rare were abortion, hematuria.

Miscellaneous: Frequent was hypersensitivity. Infrequent were cough, flu syndrome, overdose. Rare were edema, hematoma, lymphadenopathy, speech disturbance, voice disturbances.

Postmarketing Experience: The following are spontaneously reported adverse events from postmarketing experience except those events already listed previously in the ADVERSE REACTIONS section or those too general to be informative. Because reports cite events reported spontaneously from worldwide postmarketing experience, the frequency of events and the role of IMITREX Tablets in their causation cannot be reliably determined.

Blood: Pancytopenia, thrombocytopenia.

Cardiovascular: Cardiomyopathy, cerebrovascular accident, ischemic colitis, pulmonary embolism, shock, subarachnoid hemorrhage.

Dermatological: Exacerbation of sunburn, photosensitivity.

Ear, Nose, and Throat: Deafness.

Eye: Intraocular disorders, ischemic optic neuropathy, periorbital edema, retinal artery occlusion.

Gastrointestinal: Xerostomia.

Hepatic: Disturbances of liver function tests, hepatic impairment.

Hypersensitivity Reactions: Erythema, pruritus, rash, shortness of breath, urticaria. In addition, severe anaphylaxis/anaphylactoid reactions have been reported (see WARNINGS).

Non-Site Specific: Angioneurotic edema, cyanosis, death (see WARNINGS), temporal arteritis.

Psychiatry: Panic disorder.

Urogenital: Acute renal failure.

DRUG ABUSE AND DEPENDENCE: The abuse potential of IMITREX Tablets has not been fully delineated in advance of extensive marketing experience. One clinical study of IMITREX™ (sumatriptan succinate) Injection enrolling 12 patients with a history of substance abuse failed to induce subjective behavior and/or physiologic responses typically associated with drugs that have an established potential for abuse.

OVERDOSAGE: Patients (n=670) have received single oral doses of 140 to 300 mg without significant adverse effects. Volunteers (n=174) have received single oral doses of up to 400 mg without serious adverse events.

No gross overdoses in clinical practice have been reported. Coronary vasospasm was observed after intravenous administration of sumatriptan (see CONTRAINDICATIONS). Overdoses would be expected to possibly cause tremor, kyphoscoliosis, erythema of the extremities, abnormal respiration, cyanosis, ataxia, mydriasis, and/or seizures. The elimination half-life of sumatriptan is about 2.5 hours (see CLINICAL PHARMACOLOGY section of full prescribing information), and therefore monitoring of patients after dose with IMITREX Tablets should continue for at least 10 hours or while symptoms or signs persist.

It is unknown what effect hemodialysis or peritoneal dialysis has on the plasma concentrations of sumatriptan.

Glaxo Wellcome

Glaxo Wellcome Inc.
Research Triangle Park, NC 27709

U.S. Patent Nos. 4,816,470 and 5,037,845

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Watch out for depression

Mondays have a way of making all of us feel blue, but don't let your negative emotions get out of hand. Since the 1960s, studies have consistently shown that more suicides are committed on Monday than on any other day of the week. Similarly, a recent analysis of calls to a crisis-intervention service found that calls believed to be most strongly associated with actual suicide attempts are also more common.

Why Monday? One theory is called the broken-promise effect. In the late 1980s, Howard Gabennesch, Ph.D., a sociologist at the University of Southern Indiana, in Evansville, suggested that an approaching weekend may offer hope to someone on the threshold of suicide, but when the promise of the weekend proves to be false, a person might feel compelled to act on depression. Indeed, Saturday and Sunday typically have the fewest suicides.

Of course, Gabennesch's theory isn't likely to fit every situation. The bottom line: If you or someone you know has suicidal thoughts, get help at once. Also, be on the lookout for signs of serious depression, such as persistent feelings of helplessness or worthlessness, changes in sleep or eating habits, social withdrawal or substance abuse.

TUESDAY
Tackle tough projects

Now that you've settled into the workweek, Tuesday is the perfect day to dig into your most difficult tasks. In a recent survey by Inter-Office Management, Inc., a Fairfax, Virginia–based company that manages office space, over 34 percent of those polled said that Tuesday is their most productive day. And in a poll by Accountemps, a company that provides temporary accounting workers, 53 percent of employers agreed that Tuesday is the day workers really get things done.

Stay away from the gynecologist's office

Tuesday also appears to be a particularly productive workday for obstetricians. According to the most recent data from the National Center for Health Statistics, in Washington, D.C., slightly more babies were born in the U.S. on Tuesday than on any other day of the week, a pattern that has remained consistent over the years.

Our advice? Hedge your bets by picking another day of the week for a checkup.

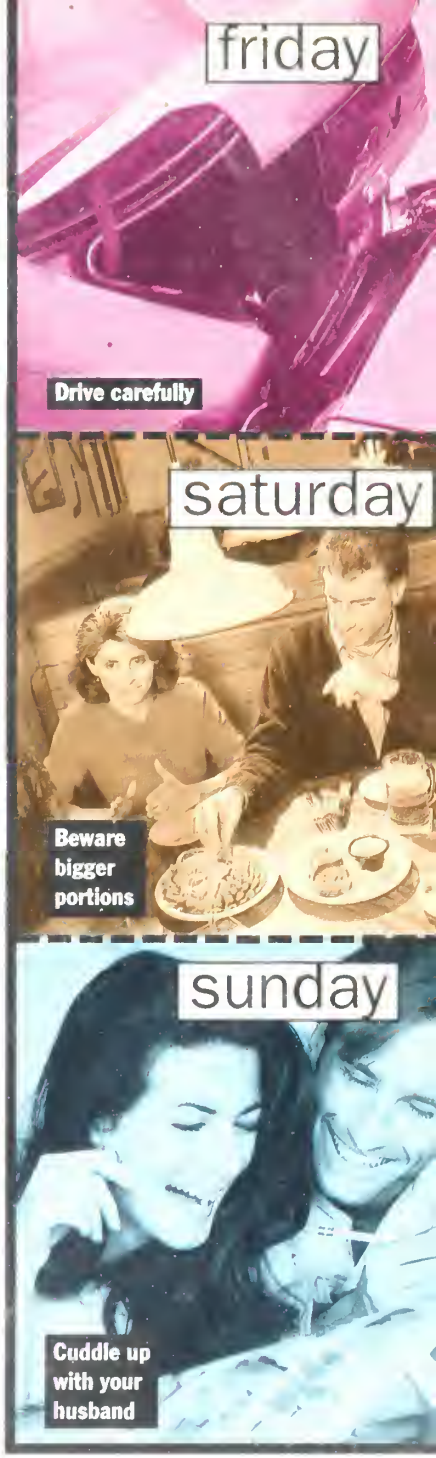
WEDNESDAY
Plan a weekend getaway

If you're looking for stellar bargains on airfare, this is your day. Every Wednesday, around two P.M., C.S.T., Best Fares, a company that specializes in travel bargains, updates their Web site (*http://www.bestfares.com*) with last-minute deals for the coming weekend. "You'll find discounts of up to seventy percent," says Tom Parsons, president of Best Fares. Many of these specials apply to only a few seats on a limited number of flights, so a speedy call to your travel agent is in order.

If you're planning further ahead, keep in mind that some of the best deals on airfare and the least crowded flights occur midweek. According to several major airlines, including United, American and US Airways, there is often a lower demand for flights that depart on Tuesdays, Wednesdays and Thursdays, particularly in the early afternoon.

THURSDAY
Rethink your free time

The busiest day of the week, Thursday is likely to leave you feeling frazzled. According to diaries kept by thousands of people for the ongoing Americans' Use of Time Project, directed by sociologist John Robinson, Ph.D., at the University of Maryland, in College Park, Thursday is the day we spend the most time on necessary activities, such as working, and have the least free time.



"By Thursday, the week is more than half over, so you wake up thinking of all the things you need to do," says Roberta Roesch, author of the forthcoming *Time Management for Busy People* (McGraw-Hill). Her strategy: Get up an hour earlier and use the extra time to do small chores, or to plan your day. "Then, when it's time to really get to work, start with the most important thing without procrastinating." *(continued)*

Surprisingly, results from the Use of Time Project show that Americans have nearly five hours more free time per week now than in the sixties, when the study began. So why are we feeling so busy? "What people do in their free time seems to be a significant source of feeling rushed," says Geoffrey Godbey, Ph.D., professor of leisure studies at Pennsylvania State University, in University Park. So instead of stressing yourself out because you "must" watch the news on TV or work in the garden, remember to enjoy those things as the free-time activities they really are—or choose to do something else entirely.

FRIDAY
Drive carefully

You may be more accident-prone behind the wheel today, so beware. Studies show that as the workweek winds down, the number of car accidents begins to climb. Statistics from the U.S. Department of Transportation show that the most automobile crashes happen on Friday, with slightly fewer on Saturday.

Alcohol is frequently linked to the high number of weekend crashes. A study by Cynthia Arfken, Ph.D., from the Alcohol Research Group, in Berkeley, California, found that 78 percent of drinkers polled reported consuming alcohol on Friday. Arfken also found a strong correlation between drinking patterns and car accidents, particularly fatal ones.

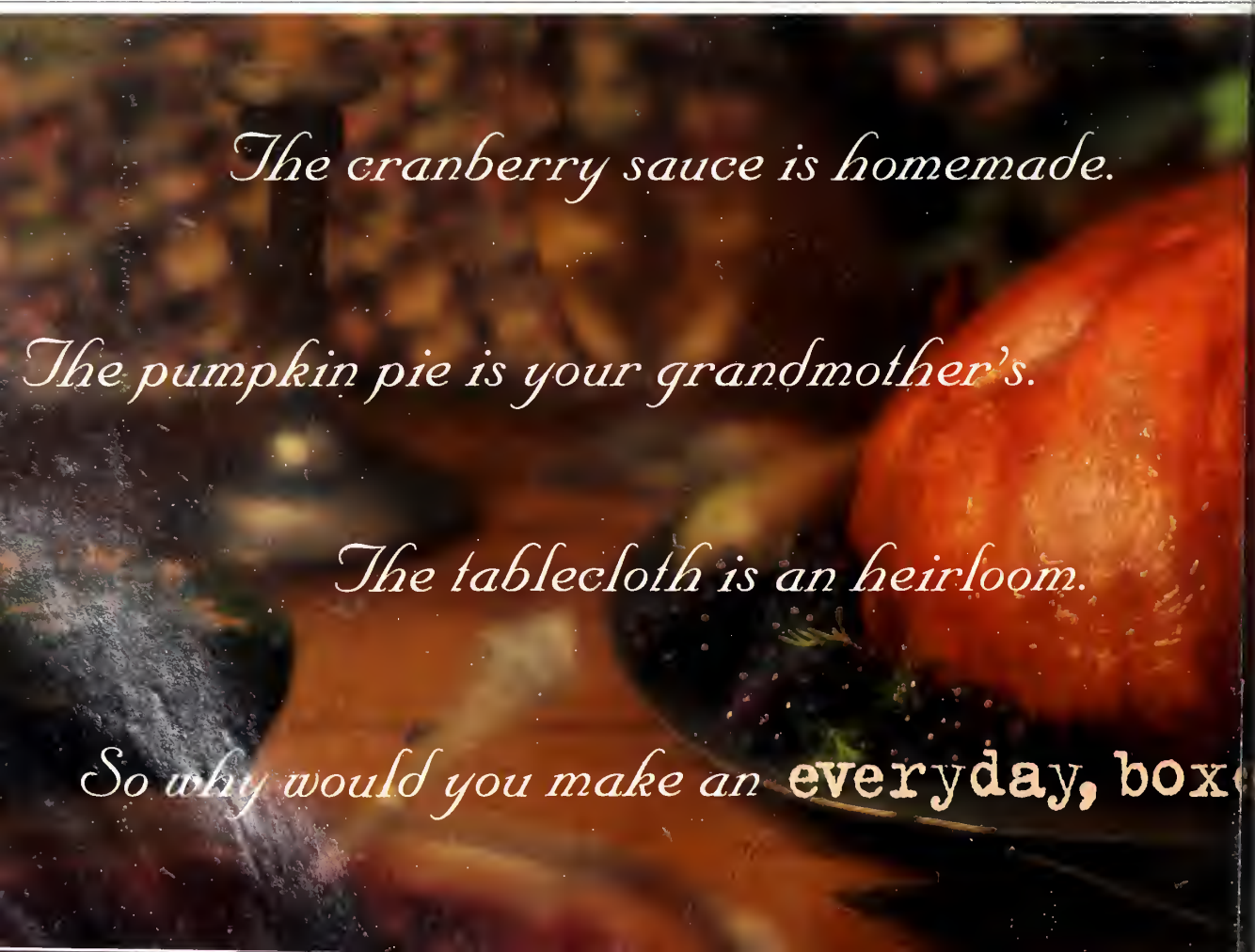
But drinking isn't the only cause of crashes. For example, a 1995 study by the Insurance Institute for Highway Safety, in Arlington, Virginia, pinpointed Fridays and Saturdays between ten P.M. and 11:59 P.M. as the most likely time for accidents involving sixteen-year-old drivers. The teenagers were often cited for speeding and were likely to have a car full of other teens.

Of course, the moral is, don't drink and drive any day of the week. And watch out—particular on weekends—for those who do. you have a teen driver in the famil consider limiting the number friends he or she can have in t car to reduce the potential for dea ly distractions.

Lock your doors

Evidence suggests that Friday is t most popular day for thieves. Whi experts have long known that re dential burglaries are more likely occur on weekdays, when crimina can count on finding an emp house, University of Missouri–S Louis criminologist Richard Wrig Ph.D., co-author of *Burglars on t Job* (Northeastern University Pre 1996), analyzed data from the S Louis Metropolitan Police Depar ment's 1996 records and discover "the risks appear to be a little mo substantial on Fridays."

To keep your home safe, y need to be careful every day of t week, says Wright. For starters, th means locking up, whether you



ome or not: According to the BI's annual publication *Crime in he United States*, 33 percent of all urglaries in 1995 did not involve orcible entry.

Burglars sometimes pick their tarets simply by driving through a eighborhood, "so you want to create he illusion that your home is occued," says Wright. "Leave a car arked in front of your house if posble, and leave some lights on."

ATURDAY
Vatch your diet

your social calendar fills up on turdays, don't be surprised if ur plate does the same. Accordg to John M. de Castro, Ph.D., a ychologist at Georgia State Unirsity, in Atlanta, people usually t a lot more on weekends. "You e a great increase in intake on riday, Saturday and Sunday] mpared to the other four days of e week," he says. The culprit, it ems, is the presence of other ople at the table. De Castro's research shows that the size of a meal increases along with the number of dining companions.

Cutting back your food intake on weekends will help you shed pounds and eat healthier. "Since [it's] the time when you're likely to eat more, you can have a bigger effect by being reasonable in your intake," de Castro says.

SUNDAY
Make love

Devote some time to your marriage today. Charles Boklage, Ph.D., professor of pediatrics and genetics, at East Carolina University, in Greenville, North Carolina, set out to learn why more babies seemed to be conceived by women whose menstrual cycles began on a Monday—and learned that people make love more often on Sundays. "It's a matter of schedules," says Boklage. "That's when we're off work, and we're not rushing to go anywhere."

So what does that have to do with the Monday pattern he first observed? Women tend to be most fertile fourteen days from the start of each month's menstrual cycle. So the day of the week when we're most likely to make love just happens to coincide with the most fertile time for women whose cycles begin on Mondays. (Timing tip: If you're trying to get pregnant, start counting on the first day of your cycle, then concentrate your efforts on the days just before Day 14.)

Cure your aching head

But if you find yourself saying, "Not tonight, honey, I've got a headache," you're not the only one. Some studies have suggested that weekends are the time for a type of migraine called "letdown" headaches, because they're thought to be caused by the unaccustomed break from stress. Keep in mind that other research has shown making love to be a good antidote for headaches. Honest. ●

Sharlene K. Johnson is a contributing editor of Ladies' Home Journal.





THE LONG GOOD-BYE

As former president RONALD REAGAN slowly slips into the darkness of Alzheimer's, NANCY REAGAN spends her days caring for the man she loves

By Patti Davis

My parents used to say, when I was a small child, that God never gives us more than we can handle. Eventually that saying became their mantra against the trials of life.

I wonder if my mother still believes those words. In the three years since my father was diagnosed with Alzheimer's, I have seen her turn to God more often—or perhaps just more openly—for spiritual sustenance, for strength greater than she often thinks she has. Her bedside table, which used to be stacked with biographies and autobiographies, now holds Deepak Chopra, a Bible, Betty J. Eadie's *Embraced by the Light* and various other books with themes of spirituality. People she has never met send her prayers in the mail, as if they know she needs strength beyond that which this world can provide.

Privacy has taken on a different meaning in my mother's life. The spotlight isn't glaring down on her and my father, yet the challenge of living with a disease like Alzheimer's keeps them not only in people's minds, but more important, in their hearts. It is a surreal, but sweet, blend of the public and private halves of their lives. Floating around my mother's days is an awareness that vast numbers of strangers are concerned about what she is going through. And if those who have written to her or spoken to her on the street wonder whether their brief contact helped, they should know that it did. For a moment at least, some of the loneliness that is always with her was lifted.

But nothing can completely lift it. When someone you love is ill, and you are powerless to stop the progress of the disease, chasms open up inside. Other people can try to fill the hollow places, but it's never enough.

Friends can be lifelines, particularly if they have intimate knowledge of what you are going through. My mother is fortunate to have friends who know well the painful challenge of losing a husband. Casey Ribicoff, wife of former Connecticut senator and governor Abraham Ribicoff, is going through an experience similar to my mother's; she is a constant companion for my mother these days, albeit a long-distance one. They are on the phone often, sometimes on a daily basis, sharing their fears, their anguish—helping each other through. But my mother's friends also know, as does she, that there is no way around the pain. The only way past this kind of sorrow is through it. *(continued)*



President Reagan at a polo match in Santa Monica earlier this year

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THE LONG GOOD-BYE

Continued

More than a year ago, on one of my trips to Los Angeles, I took my mother to see a friend of mine in Malibu—a woman who lost her husband about eight years ago after a long, debilitating illness. The three of us walked on the beach and I watched my mother's face as my friend told her how the days and nights seem endless when someone you love slips away slowly, in increments; how life becomes measured by the encroachment of death; how each morning begins with a search for new reservoirs of strength. My mother's face was serious, contemplative, but I noticed as I looked at her against the backdrop of blue ocean, that she had never looked more beautiful. Sorrow deepens us, softens our edges; it graces us even as it seems to drive us to our knees. My mother doesn't see that in her own face, but others do.

When the private sorrows of public people become known, it has a softening effect. Ordinarily, nothing is more brutal or less forgiving than a life in politics. My mother was targeted perhaps even more than my father, but illness and mortality humble even the most callous among us. When she spoke at the Republican convention last year, it was a moment that transcended politics. Party alliances mattered not; wha was relevant was this woman stand ing bravely before millions of peopl speaking on behalf of a husband wh will never address them again. He sorrow and the challenges that sh faces every day were evident, bu she spoke through them, over them I know my father was proud of her.

We cannot choose the burdens li sends us or the obstacles it places i front of us. We can only choose ou own responses. In the midst of fee ing overwhelmed, helpless, even an gry at what seems like fate's cruelt we find heroism in ourselves—i small moments and gestures. On a other trip to Los Angeles, *(continue*

News About Alzheimer's

According to the National Institute on Aging, about four million Americans suffer from Alzheimer's, a degenerative neurological disease that gradually robs the victim of memory and motor skills. That number is expected to increase dramatically as baby boomers age and—thanks to medical breakthroughs and healthier lifestyles—live longer than ever.

DIAGNOSIS The earliest symptoms of Alzheimer's are short-term memory loss, disorientation, difficulty in finding things, irritability and mood and behavior changes, all of which can begin after age forty. Since these are also symptoms of Parkinson's disease, stroke and a variety of other serious illnesses, it's important to have a complete physical, psychological and neurological evaluation, including a blood count and thyroid test.

PREVENTION Ibuprofen may be good for more than headaches: A recent study at the National Institute on Aging suggests that the anti-inflammatory effects of ibuprofen may reduce the risk of developing Alzheimer's (aspirin and acetaminophen were not found to be effective). More research is needed to determine a preventive dosage.

There's great news for women on estrogen replacement therapy (ERT): Johns Hopkins investigators have discovered that women on ERT after menopause reduced their risk of developing Alzheimer's by more than 50 percent over the control group.

TREATMENT For patients already suffering from Alzheimer's, there are new drugs to improve the quality of life. Selegiline, a drug used to treat Parkinson's disease, has been shown to delay symptoms of Alzheimer's by about seven months. In addition, two new drugs, Cognex and Aricept, can significantly improve overall cognition and motor skills by blocking the breakdown of a brain chemical that aids memory. Unfortunately, these drugs don't stop the progress of the disease—they simply improve quality of life.

Researchers are also exploring the benefits of vitamins. The New England Journal of Medicine recently reported that Alzheimer's patients who were given megadoses of vitamin E, a potent antioxidant, showed a 13 percent delay in nursing-home entry compared to others in the study. Look for more news on the benefits of other antioxidants, but be sure to check with a doctor before taking or administering supplements.

HELP FOR CAREGIVERS Worried about leaving Mom alone? A nurse or social worker can help evaluate the patient's ability to function on her own. (Your state's department of elder affairs may be able to provide this service free of charge.) You can then decide what kind of care is best, from home health aides to adult day-care centers.

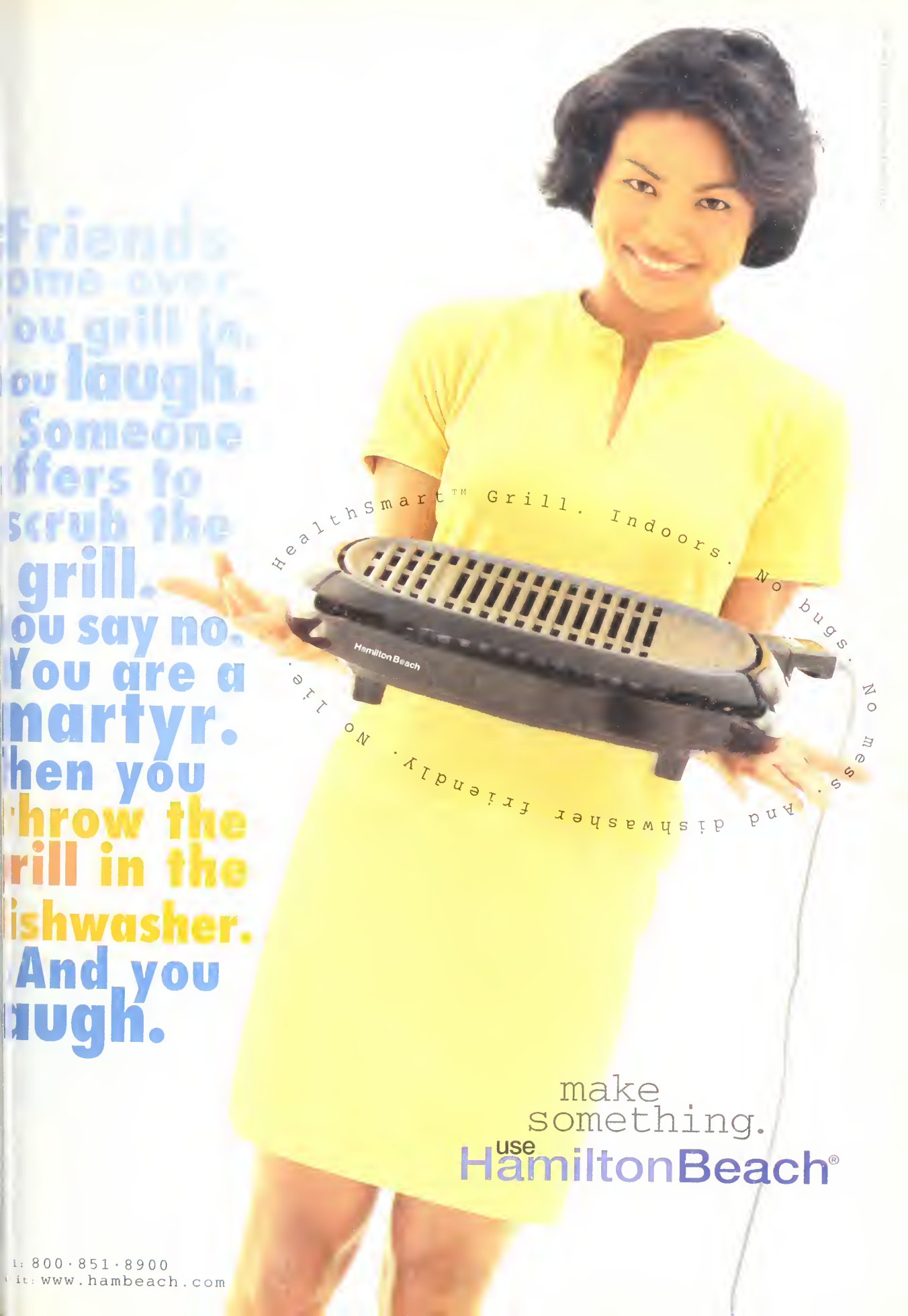
Those caring for someone with Alzheimer's need care, too. According to a survey conducted by The National Family Caregivers Association, at least half of caregivers suffer from periods of depression—and more than 81 percent of Alzheimer's caregivers are women. Forty-seven percent felt burdened by loss of leisure, and 69 percent reported frustration as their greatest emotional difficulty. Besides enlisting the help of a spouse, siblings and children, caretakers can contact their department of elder affairs, which offers trained volunteers and provides access to support groups.

For more information on Alzheimer's, contact:

The Ronald and Nancy Reagan Institute at the Alzheimer's Disease and Related Disorders Association, 919 N. Michigan Avenue, Suite 1000, Chicago, IL 60611; 800-272-3900

The Alzheimer's Disease Education and Referral (ADEAR) Center; 800-438-4380

The National Family Caregivers Association, 9621 East Bexhill Drive Kensington, MD 20895; 800-896-3650; or visit their Web site at *www.nfcacares.org* —Isadora Fox


Friends
ome over.
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after my mother and I had gone to lunch, she suggested we stop off at Jimmy Stewart's house to see how he was doing. He had never quite got over the death of his wife, and though my mother wanted to get home to see my father, she also felt she needed to bring whatever solace she could to a friend who was suffering.

Life for my parents is not what they once imagined it would be. When my father's two terms were up, he looked forward to spending more time at the ranch, speaking occasionally, continuing to work for the Republican Party. But Alzheimer's descended, narrowing the boundaries of his life—and my mother's. The ranch is up for sale; the horses have already been sold or given away. I never thought the time would come when my father wasn't riding horses: I suppose I believed, in the tradition of the Old West, that he would die with his boots on, perhaps even in the saddle. The place is infused with my father's spirit; he put up the fences around it, cleared riding trails and built the dock on the pond. It would be unthinkable for my mother to go there without him; his absence is haunting.



President and Mrs. Reagan leave church, May 1995

His voice is no les
missed on the world stag
Whether people agreed wit
his politics or not, no on
disputed his eloquence, h
humor and his dignity.

My mother's days are no
as defined by Alzheimer's
my father's are. It is lik
another presence in the
house. He still goes to th
office for a few hours a da
but the time he arrives flu
tuates: What reason cou
there be to set an alar
clock and hold to a sche
ule? My mother's plans f
the day depend on his. Th
time she has to herself
spent talking to friends
clipping roses in the garde
If my father has lunch
the office, she sometimes goes out
eat, usually at the Bel Air Hotel—
part, I know, because it's only mi-
utes away from the house. A
evening out with friends, at a resta-
rant or at someone's house, creat

Stop his cold before it starts.



Germs have a way of spreading around the house, even when you do your best to keep them to yourself. That's why there's LYSOL® Disinfectant Spray. It kills a whole host of germs on hard surfaces, includ the cold-causing rhinovirus. *In fact, a recent day center study* showed that LYSOL Spray played a important part in helping to reduce illness, keepi kids from getting sick as often.* So this winter, make regular use of LYSOL Spray part of your healthy routine, along with hand washing, and kill the cold germs before they strike.

*Impact of an infection control program in a specialized preschool American Journal of Infection Control June 1996



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flicted feelings for her, which is obably why there are few such nings. She knows she needs to ture out, but her thoughts stay h my father. And always she is ious to get home again.

Night seems to fall early at my ents' house, because my father s easily these days. But often my ther sits up late into the night, ding or watching old movies. en she first told me about staying past midnight, watching an old my Stewart movie, I felt a chill gining her loneliness.

n the early stages of my father's ess, she reminded me what a nd of hers said after losing her band to cancer: "People think should avoid the subject, try to act me from the loss. But he's all int to talk about." My mother is inate to have friends who know it's all right to ask about my fa- and to have his presence, the rich- of his life, kept alive around her. in the loneliness of a late night after he has gone to sleep—she etimes stumbles on an old movie s. It's a bittersweet pleasure.

here are organizations dedicated nding an answer to the mystery zheimer's and to helping families ten by the disease. One of them now been named after my par- —The Ronald and Nancy Reagan ute at the Alzheimer's Disease Related Disorders Association—a tant legacy.

hen my mother was honored last at the Rita Hayworth Gala for lzheimer's Association, she said, found that even though the per- love is slipping away, my love im grows. As he changes, if I asking why and simply love, I, row." Referring to others who are through the trial of Alzheimer's, dded, "It is in part remember- hat helps us, and it is in part g that sustains us, that brings light and warmth we need."

me, she said, "No one can really stand what it's like to lose some- o Alzheimer's unless they have enced it. The loneliness is terri- You learn each day a different way to deal with the pain and the loneliness of this disease. It truly is a long good-bye, and I pray that someday we may learn the answers."

My wish for my mother is that she will always be able to catch a glimpse of something beyond the pain: the gift of love she shared with my father in this life. Many years from now, people will remember that Ronald Reagan had Alzheimer's, and was honest enough, courageous enough, to announce that to the world. They will also remember that a great love sustained him through his illness, that the love that nourished him during his life also nourished him along his journey out of his life. He would want my mother remembered that way because he believed that the greatest gift, the highest achievement, is love. ●

Patti Davis is currently working on two books. The first, "The Long Goodbye," is about her family's experiences dealing with her father's Alzheimer's disease. The second is a political thriller, "Behold the Pale Horse." Both will be published by Knopf.





To catch one alleged pedophile, a police officer posed as a fifteen-year-old girl

The Crimebusters Who Save Kids

Child pornography is increasing at an alarming rate. Meet three heroes who keep our children safe

It's the stuff of every parent's nightmare: horrifying images of children being molested. But in the last few years, these kinds of pictures have become more common. In fact, authorities say that child pornography is booming in the U.S. like never before.

Much of the increase is due to the Internet, which now provides pedophiles with a virtually undetectable way to send and receive illicit images of children. "Computers have really exacerbated the problem of child pornography," says Don Huycke, program manager of the Child Pornography Enforcement Group for the U.S. Customs Service. The number of people trading such material over the Internet "is huge," he says. "And the amenities and ease of computers have made it harder to catch them."

But there are ways to keep children safe. Here, three people who are making a difference for kids all over the country.

The cyber sleuth

Last July, Detective Michael Sullivan sat in an unmarked car in the parking lot of a suburban Chicago train station. For four hours, he awaited the arrival of a man he'd met online. As an investigator with the Naperville, Illinois, Police Department's Internet Crimes Unit, Sullivan, forty-three, patrols the digital highway for child pornographers and pedophiles. The computer equivalent of a female police officer posing as a prostitute on a street corner, he hangs out in children's chat, game and fantasy areas online, using a profile (or computer description) identifying himself as a minor. He then exchanges messages with people who read the profile and contact him. Three months earlier, Sullivan had posed as a fifteen-year-old girl named "Liz" online and begun communicating with a man from Tennessee.

Douglas Snyder, forty-six, is alleged to have initiated online sexual conversations with "Liz." He asked about her appearance, then about her sexual experience. Snyder also allegedly E-mailed her fourteen photographs, including two pictures of children having sex with men. He asked "Liz" for a picture of herself and spoke on the phone with a female officer who pretended to be the young girl. Finally, Snyder allegedly proposed going to Illinois, so they could perform the sex acts that he had described to her.

As he pulled into the train station that day, Snyder stared at the slender "girl" standing alone on the elevated platform. But he never got close enough to find out that "Liz" was in reality an undercover policewoman. Within seconds, Sullivan and a half dozen other officers arrested Snyder, charging him with possessing and disseminating child pornography—a felony in Illinois punishable by up to fifteen years in prison. *(continued on page 180)*

HEALTH

How to help antibiotics help you.

Have you ever asked your doctor for antibiotics to at a cold or the flu? Do you sometimes stop taking your tibiotic prescription once you start to feel better? Or have u ever saved "leftovers" for next time? If so, read on. Since their discovery more than 50 years ago, antibiotics ve been a key factor in fighting bacterial infections and eping us healthy. If you've ever been diagnosed with such mmon conditions as pharyngitis, chronic bronchitis, or a middle ear infection, chances are you've taken them. Yet antibiotics remain one of the most misunderstood and misused medications.

The truth is, antibiotics should be taken only when necessary and are effective only when used properly. While only your doctor can determine when you need them, there is much you can do to help. Start by reading these facts, and tips on proper usage.

'hat is an antibiotic?

ntibiotics are medications that either kill bacteria or stop them from growing. They are st commonly prescribed for bacterial infections, often involving the lungs, throat, or ddle ear. Different antibiotics may be used for different types of infections. Only your tor can determine what infection you have and which antibiotic is appropriate to treat it.

hen is it appropriate to take an antibiotic?

ntibiotics only work against bacterial infections. So if you have a viral infection, h as the common cold or flu, do not expect or insist that your doctor prescribe an antibiotic. Only your doctor can determine the type of infection you have and ther an antibiotic is necessary.

hy are some antibiotics prescribed differently than others?

ch antibiotic has a different chemical structure and this affects the way it works ie body. The specific antibiotic and the type of infection it's being used to treat, rmine the number of days and the number of doses per day the antibiotic needs e taken. Some antibiotics can be taken for 5 days while others are taken for 10 to ays. It is important to take the specified number of doses each day for the number ays prescribed by your doctor. Let your doctor know if you're taking other ications, which could interfere with how your antibiotic works.

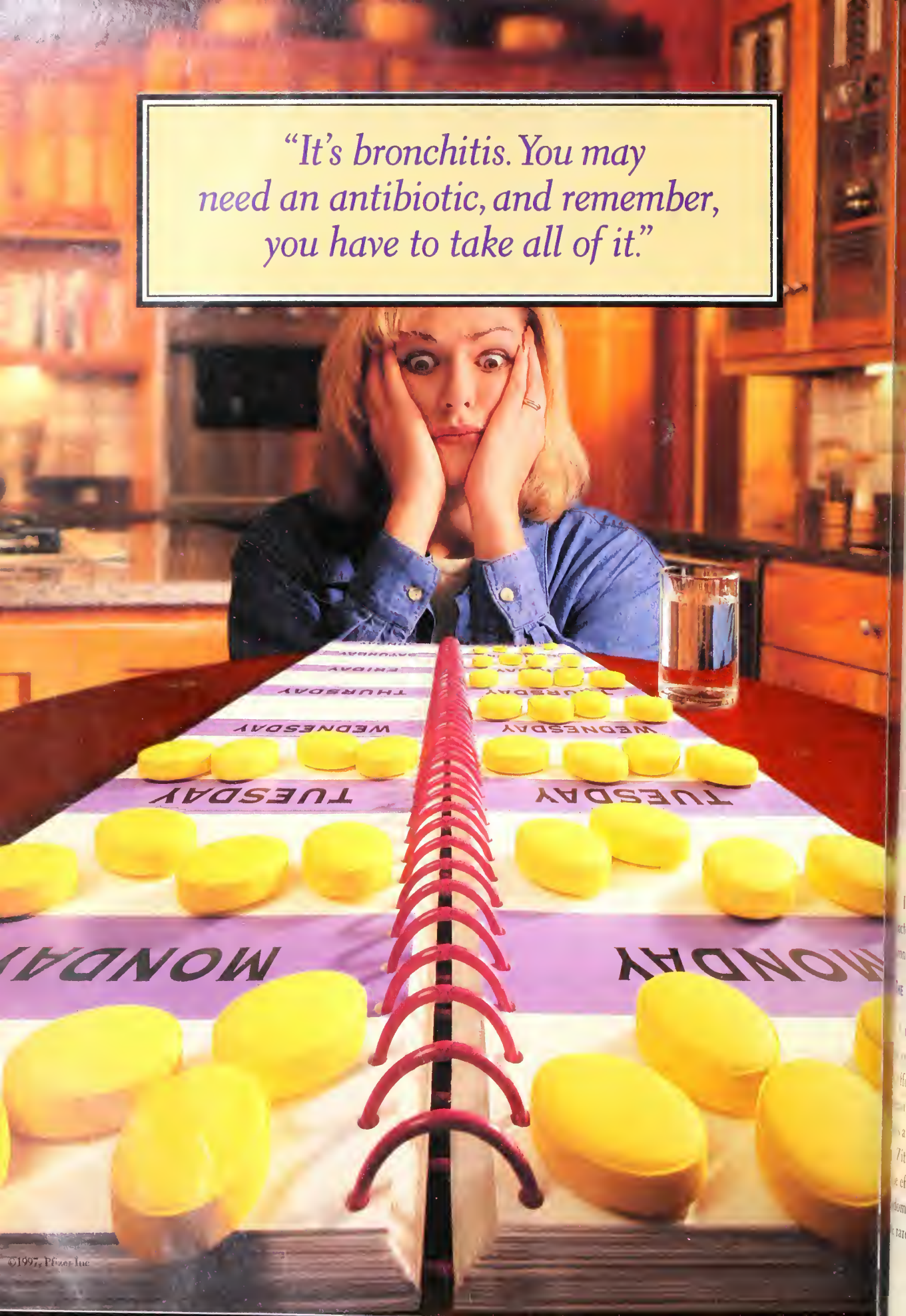
y do I have to keep taking antibiotics after I start to feel better?

s natural to begin feeling better when you first start your prescription, because the iotics have begun their job of knocking out harmful bacteria. But just because your toms are gone does not mean that your antibiotics have finished their work. If you antibiotics before the full course is finished, the infection may not be completely d. Be sure to take the recommended amount of medication and follow your doctor's ictions carefully.

Remember these tips.

- It's up to your doctor to decide whether you need an antibiotic, and if so, which one.
- Don't insist on a prescription for an antibiotic if you have a viral infection, such as a cold or the flu.
- Don't stop taking antibiotics before you complete your prescription, even if your symptoms are gone.
- Follow your doctor's instructions carefully. Take doses on schedule for the number of days indicated.
- Let your doctor know if you're taking other medications.
- Never share your medication with anyone. If you have any left over, throw it away.
- As with all medications, keep your antibiotics out of children's reach.

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Or ask your doctor about Zithromax. Five days and you're done.



If your doctor is prescribing an antibiotic for a bacterial respiratory tract infection such as chronic bronchitis, ask if Zithromax® is right for you.

THE ONLY ONCE-A-DAY FOR FIVE DAYS ANTIBIOTIC.

Unlike other antibiotics, you take Zithromax just once a day for five days. And five days are as effective as ten days of conventional therapy, because Zithromax continues to work for several days after your last dose.

Zithromax is well tolerated. The most common side effects are diarrhea (5%), nausea (3%), and abdominal pain (3%). Although allergic reactions are rare, should one occur, discontinue this medication and contact your healthcare professional. See the brief summary on the next page for complete details.

ASK YOUR DOCTOR IF ZITHROMAX IS RIGHT FOR YOU.

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ZITHROMAX
(azithromycin tablets)
BRIEF SUMMARY

CONTRAINDICATIONS ZITHROMAX is contraindicated in patients with known hypersensitivity to azithromycin, to any macrolide antibiotic

WARNINGS Serious allergic reactions including angioedema, anaphylaxis and dermatologic reactions including Stevens Johnson Syndrome and toxic epidermal necrolysis have been reported rarely in patients on azithromycin therapy. Although some fatalities have been reported (see **CONTRAINDICATIONS**), despite initially successful symptomatic treatment of the allergic symptoms, when symptomatic therapy was discontinued, the allergic symptoms **recurred soon thereafter in some patients without further azithromycin exposure.** The relationship of these episodes to the long tissue half-life of azithromycin and subsequent prolonged exposure to antigen is unknown at present. If such a reaction occurs, the drug should be discontinued and adequate treatment should be instituted. Physicians should be aware that reappearance of the allergic symptoms may occur when symptomatic therapy is discontinued.

In the treatment of pneumonia, azithromycin has only been shown to be safe and effective in the treatment of community-acquired pneumonia due to *Chlamydia pneumoniae, Haemophilus influenzae, Mycoplasma pneumoniae,* or *Streptococcus pneumoniae* in patients appropriate for oral therapy. Azithromycin should not be used in patients with pneumonia who are judged to be inappropriate for oral therapy because of moderate to severe illness or risk factors such as any of the following: patients with cystic fibrosis, patients with nosocomially acquired infections, patients with known or suspected bacteremia, patients requiring hospitalization, elderly or debilitated patients, or patients with significant underlying health problems that may compromise their ability to respond to their illness (including immunodeficiency or functional asplenia). Pseudomembranous colitis has been reported with nearly all antibacterial agents and may range in severity from mild to life-threatening. Therefore, it is important to consider this diagnosis in patients who present with diarrhea subsequent to the administration of antibacterial agents. Treatment with antibacterial agents alters the normal flora of the colon and may permit overgrowth of clostridia. Studies indicate that a toxin produced by *Clostridium difficile* is a primary cause of "antibiotic associated colitis." After the diagnosis of pseudomembranous colitis has been established, therapeutic measures should be initiated. Mild cases of pseudomembranous colitis usually respond to discontinuation of the drug alone. In moderate to severe cases, consideration should be given to management with fluids and electrolytes, protein supplementation, and treatment with an antibacterial drug clinically effective against *Clostridium difficile* colitis.

PRECAUTIONS General: Because azithromycin is principally eliminated via the liver, caution should be exercised when azithromycin is administered to patients with impaired hepatic function. There are no data regarding azithromycin usage in patients with renal impairment; thus, caution should be exercised when prescribing azithromycin in these patients. The following adverse events have not been reported in clinical trials with azithromycin, an azalide; however, they have been reported with macrolide products: ventricular arrhythmias, including ventricular tachycardia and *torsades de pointes*, in individuals with prolonged QT intervals. There has been a spontaneous report from the post-marketing experience of a patient with previous history of arrhythmias who experienced *torsades de pointes* and subsequent myocardial infarction following a course of azithromycin therapy.

Information for Patients: ZITHROMAX tablets can be taken with or without food. Patients should also be cautioned not to take aluminum- and magnesium-containing antacids and azithromycin simultaneously. The patient should be directed to discontinue azithromycin immediately and contact a physician if any signs of an allergic reaction occur.

Drug Interactions: Aluminum- and magnesium-containing antacids reduce the peak serum concentration (rate) but not the AUC (extent) of azithromycin absorption. Administration of cimetidine (800 mg) two hours prior to azithromycin had no effect on azithromycin absorption. Azithromycin did not affect the plasma levels or pharmacokinetics of theophylline administered as a single intravenous dose. The effect of azithromycin on the plasma levels or pharmacokinetics of theophylline administered in multiple doses resulting in therapeutic steady state levels of theophylline is not known. However, concurrent use of macrolides and theophylline has been associated with increases in the serum concentrations of theophylline. Therefore, until further data are available, prudent medical practice dictates careful monitoring of plasma theophylline levels in patients receiving azithromycin and theophylline concomitantly. Azithromycin did not affect the prothrombin time response to a single dose of warfarin. However, prudent medical practice dictates careful monitoring of prothrombin time in all patients treated with azithromycin and warfarin. Concomitantly concurrent use of macrolides and warfarin in clinical practice has been associated with increased anticoagulant effects. The following drug interactions have not been reported in clinical trials with azithromycin; however, no specific drug interaction studies have been performed to evaluate potential drug-drug interaction. Nonetheless, they have been observed with macrolide products. Until further data are developed regarding drug interactions when azithromycin and these drugs are used concomitantly, careful monitoring of patients is advised. Digoxin-elevated digoxin levels. Ergotamine or dihydroergotamine-acute ergot toxicity characterized by severe peripheral vasospasm and dysesthesia. Triazolam decrease the clearance of triazolam and thus may increase the pharmacologic effect of triazolam. Drugs metabolized by the cytochrome P-450 system-elevations of serum carbamazepine, terfenadine, cyclosporine, hexobarbital, and phenytoin levels.

Laboratory Test Interactions: There are no reported laboratory test interactions.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Long-term studies in animals have not been performed to evaluate carcinogenic potential. Azithromycin was not mutagenic or genotoxic in standard laboratory tests: mouse lymphoma assay, Ames test using both bacterial and mammalian cell cultures, and mouse bone marrow micronucleus assay. Fertility in male and female rats was unaffected by oral administration of azithromycin at doses up to 200 mg/kg/day, which is approximately four times the human dose of 500 mg based on body surface area comparisons.

Pregnancy: Teratogenic Effects: Pregnancy Category B. Reproduction studies have been performed in rats and mice at doses up to moderately maternally toxic dose levels (i.e., 200 mg/kg/day). These doses, based on a mg/m² basis, are estimated to be 4 and 2 times, respectively, the human daily dose of 500 mg in the animal studies. There was no evidence of harm to the fetus due to azithromycin was found. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, azithromycin should be used during pregnancy only if clearly needed.

Nursing Mothers: It is not known whether azithromycin is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when azithromycin is administered to a nursing woman.

Pediatric Use: (INDICATIONS AND USAGE) Acute Otitis Media (dosage regimen 10 mg/kg on day 1 followed by 5 mg/kg on Days 2–5). Safety and effectiveness in the treatment of children with otitis media under 6 months of age have not been established. Community Acquired Pneumonia (dosage regimen 10 mg/kg on Day 1 followed by 5 mg/kg on Days 2–5). Safety and effectiveness in the treatment of children with community acquired pneumonia under 6 months of age have not been established. Safety and effectiveness for pneumonia due to *Chlamydia pneumoniae* and *Mycoplasma pneumoniae* were documented in pediatric clinical trials. Safety and effectiveness for pneumonia due to *Haemophilus influenzae* and *Streptococcus pneumoniae* were not documented bacteriologically in the pediatric clinical trial due to difficulty in obtaining specimens. Use of azithromycin for these two microorganisms is supported, however, by evidence from adequate and well-controlled studies in adults. Pharyngitis/tonsillitis (dosage regimen 12 mg/kg on Days 1–5). Safety and effectiveness in the treatment of children with pharyngitis/tonsillitis under 2 years of age have not been established. **Studies evaluating the use of repeated courses of therapy have not been conducted. Geriatric Use:** Pharmacokinetic parameters in older volunteers (65–85 years old) were similar to those in younger volunteers (18–40 years old) for the 5-day therapeutic regimen. Dosage adjustment does not appear to be necessary for older patients with normal renal and hepatic function receiving treatment with this dosage regimen.

ADVERSE REACTIONS In clinical trials, most of the reported side effects were mild to moderate in severity and were reversible upon discontinuation of the drug. Approximately 0.7% of the patients (adults and children) from the multiple-dose clinical trials discontinued ZITHROMAX (azithromycin) therapy because of treatment-related side effects. Most of the side effects leading to discontinuation were related to the gastrointestinal tract, e.g., nausea, vomiting, diarrhea, or abdominal pain. Potentially serious side effects of angioedema and cholestatic jaundice were reported rarely. **Clinical: Adults:** *Multiple-dose regimen*: Overall, the most common side effects in adult patients receiving a multiple-dose regimen of ZITHROMAX were related to the gastrointestinal system with diarrhea/loose stools (5%), nausea (3%), and abdominal pain (3%) being the most frequently reported. No other side effects occurred in patients on the multiple-dose regimen of ZITHROMAX with a frequency greater than 1%. Side effects that occurred with a frequency of 1% or less included the following: **Cardiovascular:** Palpitations, chest pain. **Gastrointestinal:** Dyspepsia, flatulence, vomiting, melena, and cholestatic jaundice. **Genitourinary:** Monilia, vaginitis, and nephritis. **Nervous System:** Dizziness, headache, vertigo, and somnolence. **General:** Fatigue. **Allergic:** Rash, photosensitivity, and angioedema. *Single 1-gram dose regimen*: Overall, the most common side effects in patients receiving a single dose regimen of 1 gram of ZITHROMAX were related to the gastrointestinal system and were more frequently reported than in patients receiving the multiple-dose regimen. Side effects that occurred in patients on the single one gram dosing regimen of ZITHROMAX with a frequency of 1% or greater included diarrhea/loose stools (7%), nausea (5%), abdominal pain (5%), vomiting (2%), dyspepsia (1%), and vaginitis (1%). *Single 2 gram dose regimen*: Overall, the most common side effects in patients receiving a single 2 gram dose of ZITHROMAX were related to the gastrointestinal system. Side effects that occurred in patients in this study with a frequency of 1% or greater included nausea (18%), diarrhea/loose stools (14%), vomiting (7%), abdominal pain (7%), vaginitis (2%), dyspepsia (1%), and dizziness (1%). The majority of these complaints were mild in nature.

Children: *Multiple dose regimens*: The types of side effects in children were comparable to those seen in adults, with different incidence rates for the two dosage regimens recommended in children: Acute Otitis Media: For the recommended dosage regimen of 10mg/kg on Day 1 followed by 5 mg/kg on Days 2–5, the most frequent side effects attributed to treatment were diarrhea/loose stools (2%), abdominal pain (2%), vomiting (1%), and nausea (1%). Community Acquired Pneumonia: For the recommended dosage regimen of 10 mg/kg on Day 1 followed by 5 mg/kg on Days 2–5, the most frequent side effects attributed to treatment were diarrhea/loose stools (5.8%), abdominal pain, vomiting, and nausea (1.9% each), and rash (1.6%). Pharyngitis/tonsillitis: For the recommended dosage regimen of 12 mg/kg on Days 1–5, the most frequent side effects attributed to treatment were diarrhea/loose stools (6%), vomiting (5%), abdominal pain (3%), nausea (2%), and headache (1%). With either treatment regimen, no other side effects occurred in children treated with ZITHROMAX with a frequency of greater than 1%. Side effects that occurred with a frequency of 1% or less included the following:

Cardiovascular: Chest pain. **Gastrointestinal:** Dyspepsia, constipation, anorexia, flatulence, and gastritis. **Nervous System:** Headache (otitis media dosage), hyperkinesia, dizziness, agitation, nervousness, insomnia. **General:** Fever, fatigue, malaise. **Allergic:** Rash. **Skin and Appendages:** Pruritus, urticaria. **Special Senses:** Conjunctivitis.

Post-Marketing Experience: Adverse events reported with azithromycin during the post-marketing period in adult and/or pediatric patients for which a causal relationship may not be established include: **Allergic:** Arthralgia, edema, urticaria. **Cardiovascular:** Arrhythmias including ventricular tachycardia. **Gastrointestinal:** Anorexia, constipation, dyspepsia, flatulence, vomiting/diarrhea rarely resulting in dehydration. **General:** Asthenia, paresthesia. **Genitourinary:** Interstitial nephritis and acute renal failure. **Liver/Biliary:** Abnormal liver function including hepatitis and cholestatic jaundice. **Nervous System:** Convulsions. **Skin/Appendages:** Rarely serious skin reactions including erythema multiforme, Stevens-Johnson Syndrome, and toxic epidermal necrolysis. **Special Senses:** Hearing disturbances including hearing loss, deafness, and/or tinnitus; rare reports of taste disturbances.

Laboratory Abnormalities: Adults: Significant abnormalities (irrespective of drug relationship) occurring during the clinical trials were reported as follows with an incidence of 1–2%, elevated serum creatine phosphokinase, potassium, ALT (SGPT), GGT, and AST (SGOT), with an incidence of less than 1%, leukopenia, neutropenia, decreased platelet count, elevated serum alkaline phosphatase, bilirubin, BUN, creatinine, blood glucose, LDH, and phosphate. When follow-up was provided, changes in laboratory tests appeared to be reversible. In multiple-dose clinical trials involving more than 3000 patients, 3 patients discontinued therapy because of treatment-related liver enzyme abnormalities and 1 because of a renal function abnormality. **Children:** Significant abnormalities (irrespective of drug relationship) occurring during clinical trials were all reported at a frequency of less than 1%, but were similar in type to the adult pattern.

DOSAGE AND ADMINISTRATION: Adults: The recommended dose of ZITHROMAX for the treatment of mild to moderate acute bacterial exacerbations of chronic obstructive pulmonary disease, community-acquired pneumonia of mild severity, pharyngitis/tonsillitis (as second line therapy), and uncomplicated skin and skin structure infections due to the indicated organisms is: 500 mg as a single dose on the first day followed by 250 mg once daily on days 2 through 5. **ZITHROMAX tablets can be taken with or without food.** The recommended dose of ZITHROMAX for the treatment of genital ulcer disease due to *Haemophilus ducreyi* (chancroid), non-gonococcal urethritis and cervicitis due to *C. trachomatis* is a single 1 gram (1000 mg) dose of ZITHROMAX. The recommended dose of ZITHROMAX for the treatment of urethritis and cervicitis due to *Neisseria gonorrhoeae* is a single 2 gram (2000 mg) dose of ZITHROMAX.

More detailed professional information available on request. Revised January 1997

Pfizer U.S. Pharmaceuticals

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THE CRIMEBUSTERS

Continued from page 176

"I'm used to people talking ab[out] sex online and treating it as a fant[asy] game," says Sullivan. "But wh[en] someone is willing to travel to c[arry] out those fantasies with children, [it's] shocking and dangerous."

In Illinois, the government is t[aking] ing action. Earlier this year, [the] state's Attorney General Jim R[yan] created the Internet Child Explo[itation] tion Unit to monitor cyberspace [for] pedophiles and child pornograph[ers]. Now, Ryan's office is organizin[g a] statewide strike force that will ta[rget] offenders who commit child sex[ual] exploitation via computer and t[hose] travel to Illinois to abuse their [vic]tims. Sullivan will be one of [the] chief investigators.

Traditionally, tracking child [mo]lesters online has been the FBI's [do]main. But since 1994, Sullivan, [a] former narcotics officer, has [been] leading the grassroots charge agai[nst] Internet crime. His investigat[ions] have resulted in the prosecutio[n of] forty child pornographers nationwi[de].

"Before the Internet, pedoph[iles] targeted children in parks and [play]grounds, offering candy to build [their] trust," Sullivan says. "Now, in [the] virtual park of cyberspace, they [offer] conversation and personal questi[ons] to determine whether they can [lure] the child into sexual discussions."

In Sullivan's experience, se[xual] predators follow a common pat[tern]. "First, they want to know your [age] and what you look like—hei[ght], weight, and bra size if you're a girl," he says. "Then they ask [you] to describe your underwear. [Before] there, they want to know whe[ther] you're a virgin. The conversa[tion] may become more explicit, [and] they may ask you to send [them] your picture. Or they may [offer] you some pictures."

For Sullivan, catching pedophiles is a crusade: "The sexual preat[or] could be talking to my daughte[r] instead of me, and that's tremend[ous] motivation to keep going."

Sullivan also lectures to pa[rent] and teachers' groups, explainin[g] t[he]

ards of the Internet and how us-
common sense and discipline are
keys to protecting youngsters on-
. (See "Keeping Your Children
e," on page 187.) And he prac-
s what he preaches: Sullivan's
ily computer is in the den, where
and his wife, Jeanine, monitor
r children, Sarah, fifteen, and
ly, eight, whenever they're online.
elieving there is strength in num-
, Sullivan has spent the last year
hing police officers throughout
ois how to conduct undercover
stigations online and seize evi-
:e. "As more officers are trained
o these investigations, more of-
ers will be identified and prose-
d," he says. "We're sending a
age that the Internet is not the
, Wild West." —Cynthia Hanson

mother who molesters in jail

ıe spring of 1996, thirty-eight-
old Hannah Wheeler*, a teacher
alifornia, brought down an in-
tional child-pornography ring.
ıe Wheeler family's ordeal began
Hannah's two daughters, eight-
old Emily* and six-year-old
sa*, attended a slumber party at
ome of Ronald and Cathy Riva,
ıts of Emily's best friend. Six
later, Melissa suddenly said,
n, Ron touched my pee-pee."
e did what?" Hannah whispered.
e put his hand here," Melissa
reaching between her legs.
he asked me, 'Do you like
I said no."
om," Emily said, her voice very
he did it to me, too."
ınah was speechless. The Rivas,
ts of four, were churchgoers,
in 4H and Little League. Ron,
eight, was a former correctional
who had showed Emily how
k a computer.
ı so glad you told me," Han-
ssured her daughters. She sent
out of the room and burst into
Then she picked up the phone.
/orker at a child-abuse hotline
d Hannah to a local sheriff's
ment. Hannah called to report

ıas been changed.



the crime, then she phoned her husband, Tim*, at work.

Later that day, when the sheriff arrived, the Wheelers filed a formal complaint. It was only then that Hannah learned that Riva had molested her elder daughter several times before. "He told me," Emily said, in shame, "that he only did it to girls who let him."

Two days later, Ron Riva was arrested. Several other girls who had been at the slumber party also filed complaints against him, saying they, too, had been molested. Riva's children mentioned to deputies that they'd seen nude images on his home computer; police found hundreds of pictures of child pornography and transcripts of chat-room conversations in which Riva had bragged of his molestations, including his fondling of Emily Wheeler. Later, deputies found Polaroid photos Riva had taken of himself molesting children, including a four-year-old.

Riva, it turned out, had been a member of the Orchid Club, an international Internet group whose common cause was child abuse. In fact, the night after the slumber party Hannah's daughters attended, another club member, Melton Myers, a fifty-five-year-old truck driver, had come to see Riva bearing a digital camera, one that allowed images to be broadcast on the computer. The two men had logged on, then called a ten-year-old girl who was staying at the Riva home into the room. With other Orchid Club members watching from their home computers, Riva and Myers repeatedly molested her, even taking suggestions for things they might do from the "audience." According to law-enforcement officials, it was the first online child molestation in history.

Within weeks, the FBI and U.S. Customs were involved in the Orchid Club case, and in July, fourteen other men in the U.S., Canada and Australia were arrested and indicted by a federal *(continued on page 187)*

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E CRIMEBUSTERS

tinued from page 181

nd jury on charges of conspiracy manufacture and distribute child nography. Six were also charged n joining or abetting in the sexual loitation of children.

n November, Riva was convicted eighteen felony counts of child se. He was sentenced to 125 years ife in prison. Riva is appealing his viction. He is also serving a con- rent thirty-year federal prison sen- ce. Melton Myers, who had two r felony convictions for child mo- ation, was sentenced to 275 years jail under California's "three kes" law. As the *Journal* went to ss, the rest of the U.S. Orchid b members were scheduled to be tenced in September, and the ernment is trying to extradite se still in Canada and Australia.

'oday, the Wheelers are undergo- therapy. They are recovering, al- ugh the hurt is deep. The girls nightmares following Riva's ar- , and "if they see anyone who n remotely resembles Ron, they shy away," Hannah says.

There's been a real breakdown of t for all of us," she adds. "We 't know whether we ever should again. Over the next few years, goal is to talk as much as possible it the effects of child molestation children. To help teachers and nts understand how prevalent it nd how easily it can happen."

—Carol Lynn Mithers

lercover operator

y Powers, thirty-nine, leads two different lives. In one, she's a and mother of six, concerned her kids' homework. In her oth- e, however, she's a respected ex- in catching criminals who buy ell child pornography.

U.S. postal inspector—one of t thirty nationwide who special- n child pornography—Powers of- oes undercover to nab suspects. of her time is spent going after e with an established proclivity ddie porn. She'll strike up a cor- ndence *(continued on page 298)*

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- **Tell them repeatedly that they can talk to you about anyone whose behavior makes them uncomfortable.**
- **Every parent has the right to request references for staff members at day-care centers. Ask for the references at your center—and be sure to check them.**
- **Get to know all the parents involved in any activity in which your kids participate. Be alert to signs that another adult has a special interest in your child.**
- **Put the computer in the family room, where you can monitor your children's use. Whenever possible, make exploring the Internet a family activity.**
- **Use parental controls through your Internet service provider, or buy software such as NetNanny, SurfWatch or CyberSitter, to block objectionable material.**
- **Instruct your child never to give out personal information online. Remind your child that when she is "talking" on the Internet, she is speaking to strangers, and that people may not be who they say they are.**
- **Encourage your children to tell you about anything they come across online that makes them uncomfortable.**

Finally, from December 2 to December 4 in Washington, D.C., online service providers, politicians and family groups are holding a "Families Online" Internet Summit to discuss child-safety issues. Through the summit, Internet providers will work with parents and teachers to improve the online parental controls already in place and to make the Internet more child-friendly. They will also work with law enforcement to try to strengthen child-protection laws. For more information on the summit, visit the Web site *www.netparents.org*. —Anna Roufos

SOURCES: NATIONAL COMMITTEE TO PREVENT CHILD ABUSE; NATIONAL CENTER FOR MISSING AND EXPLOITED CHILDREN; CHILDWATCH; AMERICA ONLINE; THE NAPERVILLE, ILLINOIS, POLICE DEPARTMENT

Out of Africa



For almost forty years, JANE GOODALL has been trying to save Africa's chimps. Now the world's best-known primatologist wants you to help her save the planet. By Anne Taylor Fleming

A boisterous, animal-like shrieking suddenly rings out through the airport corridor. Turning in its direction, travelers catch sight of a pretty, slender woman in blue jeans and a turtleneck, her graying hair swept into a ponytail. She has taken a stuffed monkey from her bag and, holding it aloft, is delightedly and unself-consciously offering up the chimpanzee greeting call. Recognizing the source of the racket as the famous primatologist Jane Goodall, people smile. They've seen the photographs of Jane with her chimps, Jane on the dust jackets of her half-dozen books, Jane in *National Geographic* specials. At sixty-three, she is remarkably unchanged by the years except for a web of smile lines around the eyes. Very near the surface of her long English face one can see the adventurous, optimistic girl who thirty-seven years ago took off into the African bush. Everywhere she travels now people accord her a simultaneous respect and affection rarely shown to, say, a politician or a film star.

Jane Goodall is the anti-celebrity celebrity (she travels with one assistant), completely approachable. And approach people do, some asking for autographs but even more wanting to tell her what she has meant to them, to thank her for her work and for helping to save the chimps.

Goodall is gracious to everyone, smiling, taking time with them, inviting them to Africa. She signs her name and thrusts mailers into their hands from The Jane Goodall Institute, her Connecticut-based organization. The Institute supports the ongoing chimp research in Tanzania, and an international environmental education program for young people called "Roots and Shoots," which works with schools. Goodall herself raises the $2 million annual operating budget almost single-handedly, stalking the globe with unflagging enthusiasm, giving speeches, signing books and selling Jane Goodall T-shirts. She has the naive shrewdness of the best-intentioned zealots—a driving, take-no-prisoners innocence that arises from an absolute sense that she can make a difference.

"I can't stop in any one place for more than three weeks," she tells me. "I'm afraid if I stay longer I won't be able to start up again."

On this sunny morning in Oakland, California, she is *(continued)*

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near the end of a full-tilt, seven-week swing through the United States. The previous night she was in Los Angeles to accept the prestigious Tyler Prize, the Nobel prize for environmental studies. She split the $150,000 award with two other pioneering scientists, Birute Galdikas, Ph.D., president of Orangutan Foundation International, and George B. Schaller, Ph.D., director of science for the Wildlife Conservation Society. In her acceptance speech—delivered without notes—Goodall captivated the well-heeled crowd with an impassioned plea to save the planet, laced with details of her journey. She knows her own adventurous life is her strongest selling point.

"I was dreaming of going to Africa when I was ten years old," she tells her audience, eyes shining as if it were the first time she's told the story. "There were all those amazing animals. I wanted to go live with them and write books about them. My mother's friends told her, 'She'll never get there.' But my mother said, 'Jane, if you really want to do something and you work hard and take advantage of opportunities and never give up, you'll find a way.' I come from a long line of strong women."

This is the heart of Jane Goodall's message, and she delivers it the world over, a kind of spiritual and environmental pep talk that appeals to adults and children alike. Though it's delivered in a soft, feminine voice, there is nothing lightweight or New Age about it. Goodall means to enlist everyone in the saving of the planet and its creatures—because it's important, because it's right.

"I didn't start as a wealthy young woman going to Africa. I had a dream, I worked for it and I made it happen. It wasn't luck," she says.

In fact, Goodall left school at eighteen; after working as a secretary, she moved home to Bournemouth in the south of England, where she waited tables and lived with her mother to save money.





From top: Goodall with one of the chimps at Gombe in 1972; with photographer husband Baron Hugo Van Lawick, 1974; and talking with children on Jane Goodall Day at the Oakland Zoo in May 1997

When an old school friend who had moved to Kenya with her parents issued Jane an invitation, she was ready. Within months of her arrival, she met her mentor, famed anthropologist and paleontologist Louis Leakey, who sent the eager but untrained twenty-six-year-old into the bush—in Tanzania's Gombe National Park—to study and observe the chimps.

"Leakey was passionate and opinionated and just full of ideas," Goodall says. "He thought studying the chimps—our closest relatives—would help us better understand how our Stone Age ancestors behaved." Indeed, one of her more stunning discoveries was that chimps make and use tools, which was previously thought to be one of the distinguishing differences between humans and other primates.

But there were problems. Tanzania was a British protectorate, and the authorities thought it improper to send a lone woman into the bush.

"It was unheard of," Goodall recalls. "But the authorities told Dr. Leakey it would be okay if I took a companion." Whom did she take? The same remarkable mother who had encouraged her since childhood.

Goodall says they thrived together. Her mother dispensed Band-Aids and care to the locals while Jane did her chimpanzee thing, sitting for hours, just watching, hoping to catch a glimpse of them.

Being female turned out to be a plus. "The Tanzanians were afraid of white men, but not of females. The truth is, I've always liked being feminine. I like it when a man wants to carry my suitcase." Goodall imparts a story with a twinkle in her eyes: "Dr. Leakey was very much the gentleman. Once, back in London, he was on the Tube, and when a woman got on, he got up to give her his seat. She scowled at him and he said, 'Excuse me, madam, I thought for a minute you were a woman.'" Goodall does not like confrontational ideologues, be they feminists or environmentalists, preferring deft persuasion instead.

Goodall's African fieldwork earned her a doctorate in ethology—the study of animal behavior—from Cambridge in 1965, only the eighth person in the history of the university who was allowed to earn a doctorate without first getting a bachelor's degree. Goodall nevertheless remained insecure until she did the research for her first big book, *The Chimpanzees of Gombe*, in the early eighties, going back and learning the things she would *(continued)*

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Metronidazole has shown evidence of carcinogenic activity in a number of studies involving chronic, oral administration in mice and rats but not in studies involving hamsters.
Metronidazole has shown evidence of mutagenic activity in several *in vitro* bacterial assay systems. In addition, a dose-response increase in the frequency of micronuclei was observed in mice after intraperitoneal injections, and an increase in chromosome aberrations has been reported in patients with Crohn's disease who were treated with 200-1200 mg/day of metronidazole for 1 to 24 months. However, no excess chromosomal aberrations in circulating human lymphocytes have been observed in patients treated for 8 months.
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There are no adequate and well-controlled studies with the use of METROGEL Topical Gel or METROCREAM Topical Cream in pregnant women. Metronidazole crosses the placental barrier and enters the fetal circulation rapidly. No fetotoxicity was observed after oral metronidazole in rats or mice. However, because animal reproduction studies are not always predictive of human response and since metronidazole has been shown to be a carcinogen in some rodents, this drug should be used during pregnancy only if clearly needed.
Nursing mothers:
After oral administration, metronidazole is secreted in breast milk in concentrations similar to those found in the plasma. Even though blood levels with topically applied metronidazole are significantly lower than those achieved after oral administration, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.
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In controlled clinical trials, the total incidence of adverse reactions associated with the use of METROCREAM Topical Cream was approximately 10%. Skin discomfort (burning and stinging) was the most frequently reported event followed by erythema, skin irritation, pruritus, and worsening of rosacea. All individual events occurred in less than 3% of patients.
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OUT OF AFRICA

Continued

have if she'd gotten an undergraduate degree—"like the effect of hormones on animal behavior, that kind of thing." Once she did that, she says, she felt comfortable talking to other scientists about her work.

A first marriage, in 1964, to Baron Hugo Van Lawick, a big-time wildlife photographer with *National Geographic* who was sent to film her work, lasted nine years and produced Jane's only child, a son, Hugo Eric Louis, born in 1967. Her observation of the chimps, she says, reinforced what she knew from her own childhood: that the mother-child bond is extremely important. Outspoken about the need for modern women to reassess their sometimes frantic lives, Goodall says she herself never spent a night away from her son until he was three and that he was with her at least half of every day in those early years. Then, at age twelve, he went to England, where he lived with Jane's mother while going to school. Now thirty and married to a Tanzanian woman, he resides in Dar es Salaam, Tanzania, with Goodall's two grandchildren. He is struggling to get a sport-fishing business off the ground. While Goodall says they are close, he comes up rarely in her self-told life story and, according to friends, he calls her not Mom, but Jane.

As Mary Lewis, Goodall's executive assistant, puts it, "I think he suffers from Famous Mother Syndrome."

After divorcing Van Lawick in 1973, Goodall married Derek Bryceson, director of Tanzania National Parks and the only white elected official in the country. The mention of his name brings a flush of love and pain to her face.

Shot down in World War II, Bryceson was nearly paralyzed from the waist down. "He should never have been able to walk again," she says. "But through sheer grit, he did."

Diagnosed with colon cancer in 1980, he was dead within three months. Goodall says it was the lowest point of her life.

"To watch someone you love die in pain—I can't think of anything harder. I got through it by falling back on my grandmother's favorite Bible quotation, 'As thy days, so shall thy strength be,' meaning simply that whatever sorrow or difficulty the day brings, you will be given sufficient strength to get through it.' But the past is still present for Goodall. Even today she wears the ring Bryceson gave her.

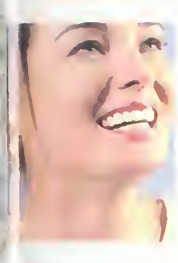
Five years later, Jane Goodall began her new nomadic life. A conference of chimp researchers in Chicago opened her eyes, she says, to the destruction of the animals she so loved through hunting, deforestation and the live animal trade.

"That was the turning point, like St. Paul on the road to Damascus," she says. "At the beginning of the century there were about two million chimpanzees across the equatorial forest belt of Africa. Now there are at most only two hundred thousand, scattered in small groups. That is why I had to leave my little paradise in Gombe—to try to raise awareness, not just about the chimps but about habitat destruction all over the world. Spiritually, though, I've never left Africa."

The Jane Goodall one meets today is on a constant tear, a one-woman global road show, and her performances—be they for presidents or kids at a zoo—are always standing room only. She is blessed with a fantastic energy, steady and focused. She sleeps only five hours a night, eats practically nothing—food holds little interest—though she'll have the occasional Scotch on the rocks, just one cube of ice, thank you very much. But for all her focus and abstemiousness, there is nothing monastic or preachy about her. She is a playful, often scrawling smiley face on people's thumbs with a marker instantly erasing their adult armor. She also has a full, contagious laugh. When asked whether her relentless traveling suggests a woman running from something, she laughs dismissedly. "Oh, my, I thought I was always running toward something."

Indeed, there is a new project, book called *(continued on page 2*

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Liv Tyler: "When I was a teenager, I loved **Iggy Pop**. I played his albums over and over again. I used to grab a glass and sing along like it was a microphone. Meanwhile, I had Mötley Crüe posters all over my room. They were my other idols."

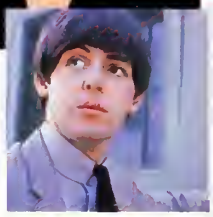






Robert Redford: "As a young man I had a horrible crush on Greer Garson. I remember seeing her in *Random Harvest*, which is still my favorite love story. The man she loves has amnesia and Greer has to convince him that their love can survive. It's a beautiful story. And she was simply stunning to me."

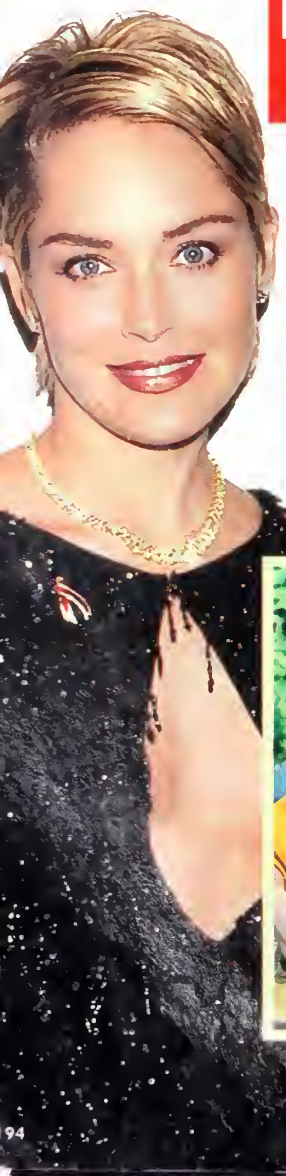




Meg Ryan: "I loved **Paul McCartney**. In my schoolbooks, I would scribble *Mrs. Paul McCartney. Meg McCartney. Meg and Paul 4-Ever!*"

My Teen Idol

LHJ asks Hollywood's hottest stars whom they idolized when they were young. By Cindy Pearlman





Sharon Stone: "I thought Peter Noone from Herman's Hermits was the cat's meow. I saw him in an airport last year and I was literally speechless. It was like I was twelve years old again!"



Tom Hanks: "Remember **Nancy Sinatra**, when 'These Boots Are Made for Walkin' came out? Well, there was a magazine spread with Nancy in boots and a bikini. *Ohhh man!* That poster was up on my wall for years. Every evening I would say, 'Good night, Nancy.' "







Rosie O'Donnell: "It's such a hard choice, but my heart was taken by Donny Osmond. I had all the stuff—the Donny action figure and the little purple outfits. He was so adorable. I also liked Barry Williams, David Cassidy and hunky Chad Everett from *Medical Center*."


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Bruce Willis: "It had to be **Tom Jones**. He was the man with a plan. Even to this day I don't think I'm fit to carry Tom Jones's luggage. He's got the grooves and the moves."





David Cassidy: "I was nuts for **Jimi Hendrix**. I didn't have a Hendrix lunchbox, but I still loved him."



Matt Dillon: "I was really into **The Beach Boys**. As far as women, I loved **Maria Schneider** from *Last Tango in Paris*. She was the one for me."





Brad Pitt: "I always loved **Paul Newman**. As a teenager, I saw *Hud* about a million times. I thought he was the coolest. I wanted to be just like Paul."

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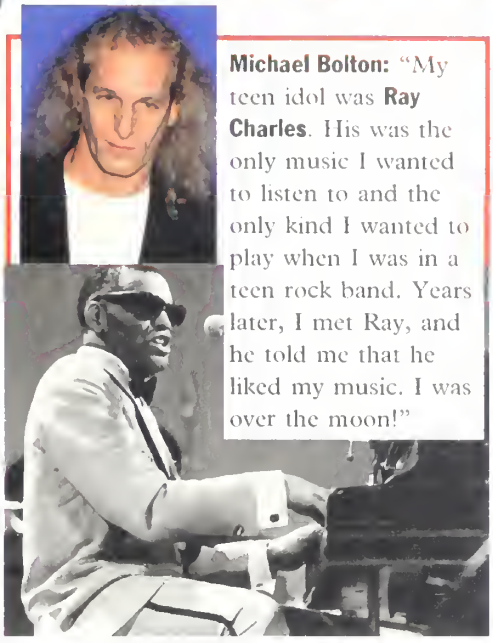




ennis Franz: "I as a real **Elvis resley** nut. When had hair, I used o try to pile it on y head like Elvis. he only problem the other kids in igh school said I ooked like Sal lineo, which was rushing. I wanted be Elvis—with e sideburns."



Demi Moore: "For me, it was **The Bionic Woman**. I thought **Lindsay Wagner** was just the coolest. I wanted to be bionic myself, with that cool superpowered hearing device."



Michael Bolton: "My teen idol was **Ray Charles**. His was the only music I wanted to listen to and the only kind I wanted to play when I was in a teen rock band. Years later, I met Ray, and he told me that he liked my music. I was over the moon!"



Mel Gibson: "When I was a teenager in Australia, my idols were **John Wayne** on a serious day or **The Three Stooges** when I was feeling a little bit more goofy."



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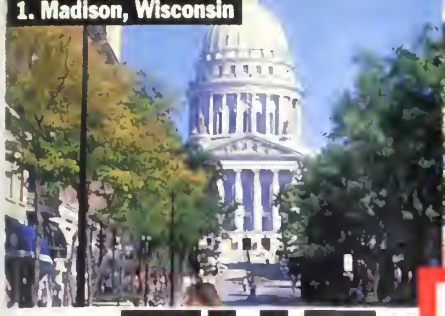


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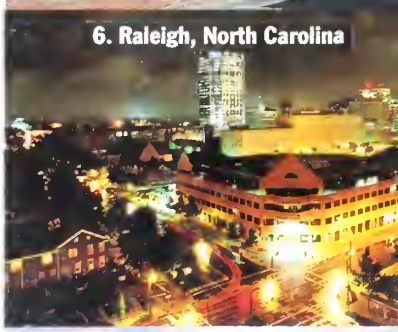


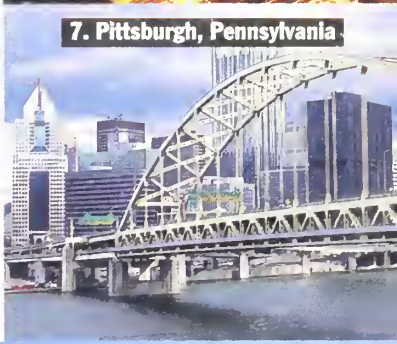


THE BEST CITIES FOR WOMEN









In this groundbreaking report, *Ladies' Home Journal* rates America's 200 largest cities on the qualities women care about most—from good health care to bad hair days

This Thanksgiving, don't fault the females of Madison, Wisconsin, Durham, North Carolina, or Burlington, Vermont, for sounding just a giblet more jubilant than the rest of us. They've got special cause for celebration: Our first survey of America's biggest cities reveals that they are lucky enough to live in the three best cities for women.

Other magazines have rated cities before, of course. But none, we realized, ever evaluated places from a distinctly female perspective. We thought it time to rewrite the formula.

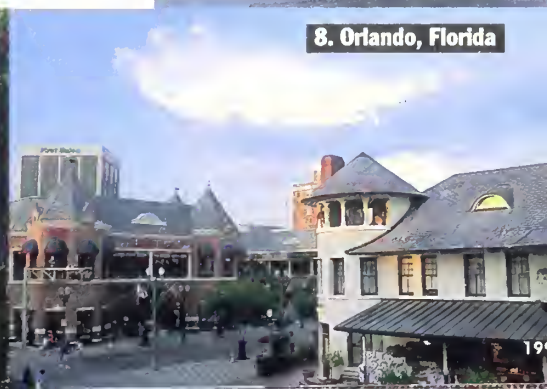
We wanted to look at what matters most to women when they judge the overall quality of life of a city or town. We asked readers to tell us "What makes a community a great place to live?" by ranking various factors. You told us that a low crime rate was most crucial, followed by good public schools, well-paying jobs, quality health and child care and the presence of women in government.

To these yardsticks, we added some of our own: the proportion of women-owned businesses; the size of the wage gap with men; the state of the local economy. And since woman does not live by paycheck alone, we also considered a few lifestyle factors. Two were traditional: divorce rates and the ratio of single men to single women. And two were not: potty parity *(continued)*

TEXT BY LYNN LANGWAY RESEARCH ASSISTANCE BY AIMEE KENDALL NICOLE MICCO AND COURTNEY ZOFFNESS







...d) (whether there are laws that require at least the same number of public toilets for women as men) and the probability of good hair days (based on weather conditions). Okay, so maybe the last two lack cosmic significance—but they do seem essential at times.

We then gathered data for the 200 largest cities in the U.S., using the latest information available from federal, state and local sources. With the help of Fast Forward, a leading demographics consulting firm, we crunched the numbers to see how the cities compared.

The ten top cities came from three regions: The Northeast was represented by Portland, Maine, Rochester, New York, and Pittsburgh, Pennsylvania, as well as Burlington; the South by both Durham and Raleigh, North Carolina, plus Orlando, Florida; the Midwest, not only by Madison, but also Minneapolis, Minnesota, and Ann Arbor, Michigan. Only the West was missing from the heights, but three western cities did make the top twenty: Irvine, California, Seattle, Washington, and Lakewood, Colorado.

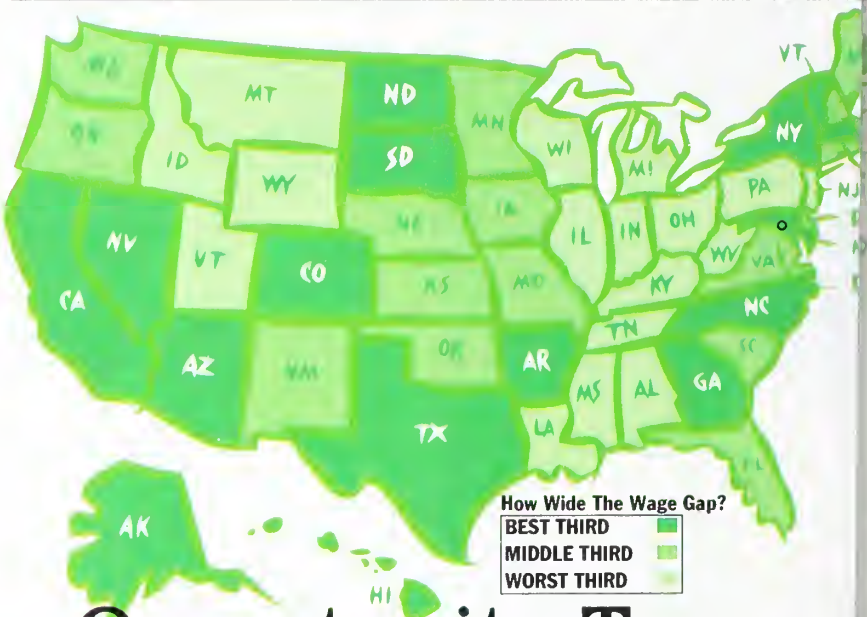
Our best-of-the-best cities were all small, with populations under 500,000. Most boast major universities, which often provide first-rate teaching hospitals, encourage better schools, create attractive jobs and support a lively cultural scene. Here are sketches of Our Towns. (For more about how our top ten compare, see chart, above right, and turn to page 204 for our ranking of the rest of the cities.)

1 Madison, Wisconsin

No cheese jokes, please: This thriving city of about 200,000, led by Mayor Sue Bauman, racked up perfect scores for education and economy and good grades in several other categories. Bracketed by lakes Mendota and Monona, "Mad City" benefits from the presence of the University of Wisconsin and the state government. *(For more appreciation of Madison's many charms, see Jacquelyn Mitchard's essay, page 201).* *(continued)*

THE TOP TEN **Here's how our best cities looked in eight categories: Crime (with special emphasis on rape), Education (including high-school graduation rate and student/teacher ratio), Jobs (including the wage gap and women-owned businesses), Health (including women's specialists), Child Care (including licensed places per child), Politic**

	CRIME	EDUCATION	JOBS	HEALTH	CHILD C
MADISON, WI	74	100	33	69	82
DURHAM, NC	33	57	70	90	95
BURLINGTON, VT	54	68	72	100	100
MINNEAPOLIS, MN	32	63	41	46	89
PORTLAND, ME	60	71	54	85	82
RALEIGH, NC	33	57	53	78	96
PITTSBURGH, PA	70	88	23	62	87
ORLANDO, FL	15	60	70	53	93
ROCHESTER, NY	59	82	45	70	100
ANN ARBOR, MI	51	42	25	82	83



Opportunity Towns

The sweetest sight in scenic Washington, D.C., Honolulu, Hawaii, or Anchorage, Alaska, may be a woman's paycheck. These three cities come closest to closing the gap between what men and women earn; in D.C., thanks to all those government jobs, it's 87.5 cents to the dollar; in Honolulu, 76 cents; Anchorage, 75. (The national average is 71.4 cents.)

Any gap hurts, of course—but those are a lot better than the 58.9 cents on a dollar women get in Charleston, West Virginia, the 59.7 in Cheyenne, Wyoming, or the 60 in New Orleans, our three worst cases.

Those grotesque gaps may help explain why so many New Orleans women start their own businesses, putting that city among our top twenty places for female entrepreneurs. Indeed, the top quarter of our business ownership list was ruled by southern and western cities.

TOP 10 FOR PAY EQUITY

1. Washington, D.C.
2. Honolulu, HI
3. Anchorage, AK
4. Burlington, VT (75 cents)
5. Sioux Falls, SD (74.6)
6. to 10. See note below (73.3)*

*Note: Due to a combination of strong labor markets, concentrations of unions and local activism, all California communities come out at the same level, ranking sixth. For similar reasons, New York's cities collectively ranked seventh, also with 73.3 cents, followed by Georgia and Texas in eighth and ninth with 72 cents, and North Carolina, tenth with 71.7 cents.

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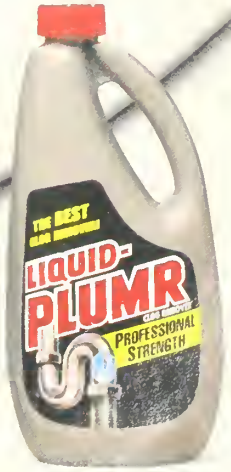
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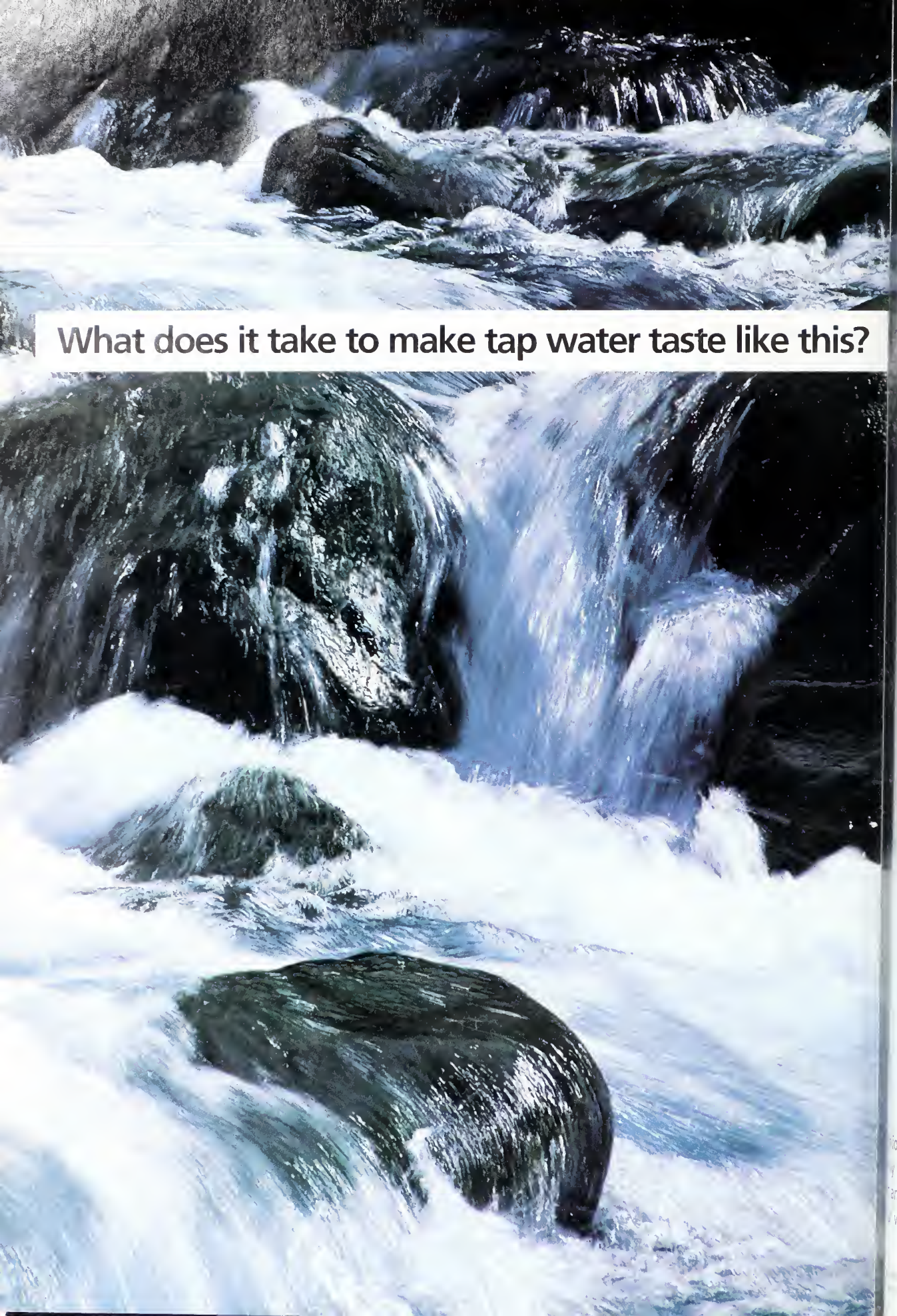
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nen mayors, governors, congresswom- Lifestyle (including divorce and potty ty) and Economy. Scores are in per- iles. The higher the number, the better.

ITICS	LIFESTYLE	ECONOMY
	39	100
	29	97
	30	62
	67	83
	19	68
	37	97
	78	33
	26	79
	29	46
	39	62

VHERE OVE LASTS

ven all the scandals that /irl around Hollywood ovie sets, you might sume Los Angeles is e nation's divorce pital. Wrong; L.A.'s /orce rate is actually e twenty-second *lowest*. fact, big cities in neral demonstrate fairly gh fidelity: Boston has e lowest divorce rate of , Philadelphia is sixth, d Atlanta fifteenth.

W /ORCE TIES	HIGH DIVORCE CITIES
loston, MA	1. Reno, NV
Toledo, OH	2. Las Vegas, NV
onkers, NY	3. Evansville, IN
Laredo, TX	4. Cheyenne, WY
rownsville, TX	5. Indianapolis, IN
hiladelphia, PA	6. Tulsa, OK
Pittsburgh, PA	7. Jacksonville, FL
uffalo, NY	8. Columbus, GA
ewark, NJ	9. Tempe, AZ
Paterson, NJ	10. Scottsdale, AZ

tes that a city's score is statistically indistinguishable from the city above

Madison On My Mind

By best-selling author Jacquelyn Mitchard



Like a reluctant bride, I resisted my commitment to Madison with all my might for the first ten years I lived here. I pictured myself as an uptown girl, who'd win her way out of this all-too-self-consciously terrific little Midwestern mecca.

But a funny thing happened. I got the "Madison monkey." What that phrase means is this: Once you live in this gentle city, you can leave it but it will never leave you. That's why so many of our taxi drivers have Ph.D.'s.

In the summer, my children can play flashlight tag until dark. In the winter, they can skate all the way across a lake. "Remember these days," I say to them when we stroll through Henry Vilas Zoo, which is still free. "I grew up on the west side of Chicago. It wasn't like this." We have a farmers' market, and a Marshall Field's, a classy Frank Lloyd Wright convention center and a funky campus-town, and no place is more than twenty-five minutes from any other place.

This is a city where a woman, even a single mother, can feel safe and sane as she lives and works. It is a garden of possibilities, where someone is always at work on what few thorns crop up. It's a place with room enough to grow dreams—except if your dream is of meeting a single suitable man over the age of thirty. But that's why God made airplanes.

I had to wait until I was twenty-five to find my hometown, and like all the best relationships, it grew on me. Changes in my life in recent years have meant that, within reason, my family and I could live anywhere we want.

And so we do.

Health-Care Havens

Only one city earned an "A+" for health care: Burlington, Vermont. Five more of our all-star communities ranked in the 70th percentile or better, and so did thirteen other cities. Several were places that had not hit the heights in other categories, such as Birmingham, Alabama, St. Louis, Missouri, and Charleston, West Virginia.

To calculate our grades, we surveyed not only hospital beds per capita, but also the per capita number of board-certified physicians in four women's health specialties: obstetrician/gynecologists, reproductive endocrinologists, gynecological oncologists and maternal/fetal medicine specialists. Some communities seemed to be shockingly underserved: Laredo, Texas, for example, lists only twelve ob/gyns and no specialists for a population of 136,508. Burlington, less than a third that size, lists forty-seven ob/gyns and five specialists.

HEALTH HONOR ROLL		THE SICK LIST	
1. Burlington, VT	6. Richmond, VA	191. Stockton, CA	196.* Oxnard, CA
2. Durham, NC	7. New Haven, CT	192. Modesto, CA	197.* Moreno Valley, CA
3. Portland, ME	8.* Springfield, IL	193. Brownsville, TX	198.* Rancho Cucamonga, CA
4. Ann Arbor, MI	9.* Birmingham, AL	194. Ontario, CA	199. Salem, OR
5. Raleigh, NC	10. St. Louis, MO	195. Thousand Oaks, CA	200. Laredo, TX

2 Durham, North Carolina

With Duke University Medical Center located here, Durham deservedly styles itself the "City of Medicine." But it also scores well for its strong economy and quality child care. The 205,000 citizens enjoy being equidistant from the Appalachian Mountains and the Atlantic Coast. And there's plenty of cultural-activity choice, from Broadway-bound shows to puppet theater.

3 Burlington, Vermont

How can you top high scores for child care *and* health, a glorious location at the edge of Lake Champlain and a charming restored downtown? Why, with a few scoops of Ben and Jerry's, of course, since this is where their ice-cream empire began. Burlington is also home to 40,000 residents, the University of Vermont, seven miles of bike paths and superb skiing less than an hour away. (Though that also means it doesn't thaw much before May.)

4 Minneapolis, Minnesota

This sparkling and sophisticated city on the Mississippi is home to 366,000. Minneapolis hosts the University of Minnesota's main campus and many other four-year colleges, has twenty-two lakes within city limits and brags about having nearly as many live-theater seats per capita as New York City. It also has enviable scores for child care and a bustling economy; with the Mall of America and its 400 stores nearby, and no sales tax on clothing, this is shopping paradise. Still, this is where they invented Cream of Wheat and Thinsulate, and with reason: The January high averages 19 degrees.

5 Portland, Maine

Some travel writers rhapsodize about this stunning bayside city as



hair daze

To style our best-hair-days rankings, we turned to noted trichologist (a.k.a. hair expert) Philip Kingsley, of New York and London, and used National Weather Service data. We learned that while humidity can frizz your hair, it can also add volume. Dry weather is the worst. The best: low to moderate humidity, and little wind.

THE 10 BEST	THE 10 WORST
1. Fresno, CA	191. Mesa, AZ
2. Modesto, CA	192. Tucson, AZ
3. Sacramento, CA	193. Las Vegas, NV
4. Wichita, KS	194. Albuquerque, NM
5. Elizabeth, NJ	195. Eugene, OR
6. Jersey City, NJ	196. Pasadena, TX
7. New York, NY	197. Cheyenne, WY
8. Oklahoma City, OK	198. Beaumont, TX
9. Alexandria, VA	199. Phoenix, AZ
10. Spokane, WA	200. El Paso, TX

MALE CALL

When we checked out cities where single men over age 18 outnumber single women, we weren't astounded by the two biggest bachelorvilles: the naval port of Norfolk, Virginia (where there are 122.72 bachelors per 100 women), and the macho mecca of Anchorage, Alaska (110.44 per 100). The other places guys gather offer some surprise bonuses—most are great beach towns, too!

THE BEST	THE WORST
1. Norfolk, VA	191. Shreveport, LA
2. Anchorage, AL	192. Pittsburgh, PA
3. Salinas, CA	193. Chattanooga, TN
4. Honolulu, HI	194. Evansville, IN
5. Vallejo, CA	195. Montgomery, AL
6. Las Vegas, NV	196. Birmingham, AL
7. Virginia Beach, VA	197. Macon, GA
8. San Diego, CA	198. Springfield, IL
9.* Chula Vista, CA	199. St. Petersburg, FL
10.* Oceanside, CA	200. Charleston, WV (68.95 per 100)

TAKING CARE OF THE KIDS

The Sunshine State really shone when we combined ratings for education and child care. Although only one city made the top ten, six Florida cities ranked in the top 25 percent of the class. Other states doing well: Connecticut (5 cities), New York (4), and Massachusetts (3).

To grade a city's educational effort, we looked at high-school graduation rates, spending per pupil, and student/teacher ratios. To measure child care, we considered accredited day-care slots per child age five and under, and each state's commitment of funds per child.

Our grand-champion cities did best in this combo category, with six making this top-ten list, too. At the bottom were six cities with no accredited day care, despite populations as high as Mobile's 202,000.

THE TOP 10 (EDUCATION AND CHILD CARE COMBINED)

1. Rochester, NY
2. Burlington, VT
3. Lexington-Fayette, KY
4. Seattle, WA
5. Pittsburgh, PA
6. Tampa, FL
7. Raleigh, NC
8. Durham, NC
9. Worcester, MA
10. Madison, WI

THE WORST 10

191. Salinas, CA
192. Montgomery, AL
193. Ontario, CA
194.* Rancho Cucamonga, CA
195. Shreveport, LA
196. Mesa, AZ
197. Springfield, MO
198. Independence, MO
199. Gary, IN
200. Mobile, AL

Indicates that a city's score is statistically indistinguishable from the city above.

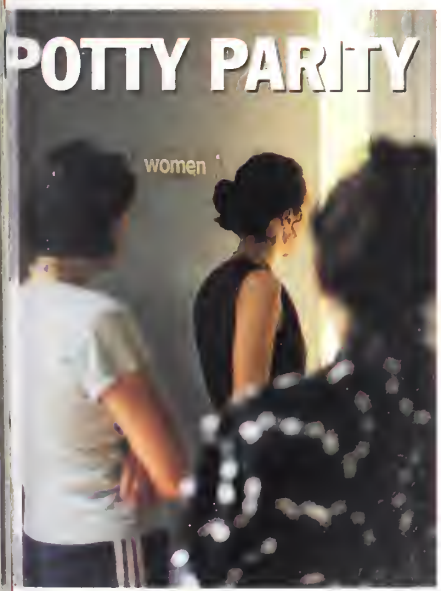
The Rape Report

We all know that crime rates have been falling from their recent peaks. But they're still unacceptably high in many places. According to FBI statistics, the number of violent crimes in 1996 was 21 percent higher than a decade ago.

Violent crime, as defined by the FBI, includes rape as well as other assaults. But since many women find rape especially frightening, we decided to single those numbers out for inspection—and found several surprises.

Of the six cities with the lowest level of violent crime overall, for example—which included our chart-toppers, Burlington, Vermont, and Madison, Wisconsin—only one, Allentown, Pennsylvania, also had a low rape record. And the worst cities, meanwhile, were not always the usual suspects. Admirable as it is in many ways, Seattle was the twelfth-worst; Minneapolis, the twenty-seventh.

THE 10 SAFEST	THE 10 WORST
1. Allentown, PA	191. Las Vegas, NV
2. Laredo, TX	192. Tallahassee, FL
3. Manchester, NH	193. Abilene, TX
4. Omaha, NE	194. Jacksonville, FL
5. Brownsville, TX	195. Beaumont, TX
6. Bridgeport, CT	196. Lansing, MI
7. Long Beach, CA	197. Flint, MI
8. Santa Ana, CA	198. Memphis, TN
9. Anaheim, CA	199. Anchorage, AK
10. Huntington Beach, CA	200. St. Louis, MO



No wonder they call it the City of *Brotherly* Love: Philadelphia ranks at the very, well, bottom of the charts when it comes to potty parity. (Don't blame the state, though, since Pittsburgh ranks high.)

After research proved that women need nearly twice as much time to relieve themselves as men do, many compassionate legislators revamped their laws so that long ladies'-room lines are kept to a minimum; Washington State, for example, mandates four times as many facilities for women as men in public buildings like theaters, convention halls and arenas, putting Seattle, Spokane and Tacoma at the top of our list. But Philly got the equity equation backward, requiring twice as many men's toilets. Same with Lexington-Fayette and Louisville, Kentucky.

Other cities where you stand a shot at getting back to your seat before the second act? Minneapolis and St. Paul, Minnesota, where the female-to-male bathroom fixture ratio is 3 to 1, and Pittsburgh, where it's 3.75 to 1. The rest of the cities fall somewhere in the middle.

"The Poor Man's San Francisco," but it's rich in qualities women care about, too. Portland wins its highest scores for child care, health, and political representation (both of the U.S. Senators from Maine are women). Draped over a hilly peninsula that juts into Casco Bay, Portland has affordable houses (some are fine Victorians), a walkable layout and a revitalized waterfront (plus peerless lobsters, of course). For a city of only 64,000, it is remarkably cosmopolitan: There's a comedy club and several microbreweries, as well as a symphony orchestra, string quartet and ballet company.

6 Raleigh, North Carolina

North Carolina's capital, population 250,000, shares an airport and booming economy with Durham, thirty miles away. Together with Chapel Hill, these cities have formed the Research Triangle, a magnet for well-paying positions in technology, environmental health and pharmaceuticals. Raleigh's other attractions include North Carolina State University, fifty-five tree-filled parks and a gracefully restored city market. The city earns high marks for child care as well as economic opportunity. And it makes the moderate-climate honor roll: The average January high is just below 50; in July, it's 88.

7 Pittsburgh, Pennsylvania

The largest city among our big winners, Pittsburgh scored its best in education and child care. But it was also a standout for lifestyle, due to high marks for good hair days and an outstanding performance on potty parity (the city mandates that almost four times as many women's toilets as men's be provided in public places). To be sure, Pittsburgh is also justifiably proud of its five major museums, Carnegie Mellon University, the University of Pittsburgh and other colleges, its *(continued)*

[illegible] three rivers and surrounding countryside, its affordable housing—and, oh yes, all those great sports teams.

8 Orlando, Florida

What would you expect from a place whose motto proclaims "You never outgrow it"? This Florida boomtown where Mickey cavorts has high child-care scores, along with good grades for its diversified economy. The city of 170,000 offers lots more than Disney for cultural entertainment: It also has opera and ballet companies, a Shakespeare festival and several museums, among other attractions. Orlando's performance is less stellar, though, when it comes to crime, where its grade was the worst among the top-ten communities.

9 Rochester, New York

Rochester is always celebrating Kodak moments, since this upstate city is where the film-and-camera giant was born. Now add to their honor roll a perfect score in child care, plus high marks for education and health. Several of Rochester's most famous institutions are named for Kodak's founder, such as the prestigious Eastman School of Music. Rochester, population 234,000, also offers a fine symphony orchestra and a cleaned-up Lake Ontario—and every May, after the usually fierce winter, its famous lilac festival bursts into fabulous bloom.

10 Ann Arbor, Michigan

This truly is a college town, with the University of Michigan supplying 36,000 students among the 109,000 residents. No wonder there are twenty-eight bookstores and almost three hundred software companies doing business here. A2, as residents call it, earned high marks from us for child care, health, and politics—the mayor is Ingrid Sheldon.

How The Rest Rank

RANKING	CITY	STATE
11	Irvine	CA
12	St. Paul	MN
13	Lexington-Fayette	KY
14	Fargo	ND
15	Seattle	WA
16	Allentown	PA
17	Richmond	VA
18	Lakewood	CO
19	Cincinnati	OH
20	Chula Vista	CA
21	Washington	OC
22	Oes Moines	IA
23	Scottsdale	AZ
24	Wilmington	DE
25	Sunnyvale	CA
26	Hartford	CT
27	Manchester	NH
28	Alexandria	VA
29	Austin	TX
30	Thousand Oaks	CA
31	Honolulu	HI
32	Cedar Rapids	IA
33	San Jose	CA
34	Long Beach	CA
35	Plano	TX
36	Syracuse	NY
37	Lincoln	NE
38	Worcester	MA
39	Salt Lake City	UT
40	Omaha	NE
41	Colorado Springs	CO
42	San Diego	CA
43	Atlanta	GA
44	Boston	MA
45	Santa Rosa	CA
46	Tampa	FL
47	Virginia Beach	VA
48	Charlotte	NC
49	Greensboro	NC
50	Fullerton	CA
51	New Haven	CT
52	Orange	CA
53	Columbia	SC
54	Winston-Salem	NC
55	Glendale	AZ
56	St. Petersburg	FL
57	Portland	OR
58	Boise	IO
59	Denver	CO
60	Tempe	AZ
61	Fort Worth	TX
62	Springfield	IL
63	Huntington Beach	CA
64	Tallahassee	FL
65	Lubbock	TX
66	Dallas	TX
67	Sioux Falls	SO
68	Norfolk	VA
69	Waterbury	CT
70	Aurora	CO
71	Stamford	CT
72	Spokane	WA
73	Nashville-Davidson	TN
74	Louisville	KY
75	Mesquite	TX
76	Phoenix	AZ
77	Little Rock	AR
78	Milwaukee	WI
79	Overland Park	KS
80	Oceanside	CA
81	Escondido	CA
82	Springfield	MA
83	Fort Lauderdale	FL
84	Tulsa	OK
85	Santa Ana	CA
86	Hollywood	FL
87	Arlington	TX
88	San Antonio	TX
89	Newport News	VA
90	Garden Grove	CA
91	Buffalo	NY
92	Anaheim	CA
93	Bridgeport	CT
94	Paterson	NJ
95	Tacoma	WA
96	Providence	RI
97	Oxnard	CA
98	Irving	TX
99	Fort Wayne	IN
100	Newark	NJ
101	Elizabeth	NJ
102	Garland	TX
103	Birmingham	AL
104	Knoxville	TN
105	Erie	PA
106	Huntsville	AL
107	Salem	OR
108	Vallejo	CA
109	Eugene	OR
110	Baltimore	MO
111	Springfield	MO
112	Columbus	OH
113	Charleston	WV
114	Houston	TX
115	Oklahoma City	OK
116	San Francisco	CA
117	Topeka	KS
118	Chesapeake	VA
119	Kansas City	KS
120	Albuquerque	NM
121	Cheyenne	WY
122	Hampton	VA
123	Torrance	CA
124	Chattanooga	TN
125	Reno	NV
126	Miami	FL
127	Hayward	CA
128	Las Vegas	NV
129	St. Louis	MO
130	Tucson	AZ
131	Grand Rapids	MI
132	Laredo	TX
133	Aurora	IL
134	Amarillo	TX
135	Chicago	IL
136	Billings	MT
137	Abilene	TX
138	Kansas City	MO
139	El Monte	CA
140	Rockford	IL
141	Jacksonville	FL
142	Evansville	IN
143	Pasadena	TX
144	Oayton	OH
145	Peoria	IL
146	Anchorage	AK
147	Toledo	OH
148	Wichita	KS
149	Mesa	AZ
150	Sacramento	CA
151	Riverside	CA
152	Glendale	CA
153	Yonkers	NY
154	Fremont	CA
155	New York	NY
156	Inglewood	CA
157	Indianapolis	IN
158	Pasadena	CA
159	San Bernardino	CA
160	Brownsville	TX
161	South Bend	IN
162	Columbus	GA
163	Pomona	CA
164	Lancaster	CA
165	Akron	OH
166	Jersey City	NJ
167	Savannah	GA
168	Lansing	MI
169	Philadelphia	PA
170	Los Angeles	CA
171	Macon	GA
172	Moreno Valley	CA
173	Gary	IN
174	Oakland	CA
175	Ontario	CA
176	Santa Clarita	CA
177	Rancho Cucamonga	CA
178	Cleveland	OH
179	Independence	MO
180	Bakersfield	CA
181	Hialeah	FL
182	Salinas	CA
183	Memphis	TN
184	Stockton	CA
185	Corpus Christi	TX
186	Concord	CA
187	New Orleans	LA
188	Jackson	MS
189	Fresno	CA
190	Modesto	CA
191	Shreveport	LA
192	El Paso	TX
193	Oetroit	MI
194	Montgomery	AL
195	Baton Rouge	LA
196	Warren	MI
197	Mobile	AL
198	Beaumont	TX
199	Sterling Heights	MI
200	Flint	MI

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Loving the Unloved Children



Following her mother's example, DR. LORRAINE HALE brings hope to the neediest kids. By Ann Marie Cunningham

"Here's my helper!" Dr. Lorraine E. Hale coos, stopping in the midst of sorting boxes of donated toys and clothing to hug Matthew*, a quiet three-year-old who has wandered into her office. As president and CEO of Hale House, the nonprofit children's center in the heart of Harlem, Hale has a perpetually full plate, but she's never too busy to talk to a child. She gives Matthew an armload of new stuffed animals to distribute among the other kids.

Hale and her mother, Clara Hale, affectionately known as Mother Hale, founded Hale House in 1969 as a refuge for the children of drug addicts. Over the years, the facility has sheltered nearly three thousand infants and toddlers, using the most modern methods—including nutrition, chiropractic medicine, massage and, above all, plenty of love—to help them get the best possible start on their young lives. And Hale doesn't stop there; the same techniques used to train her staffers are also employed to help adults improve their parenting skills once they're reunited with their children.

"Our focus is on returning children to their families," says Hale, an enormously energetic and articulate woman who holds a doctorate in child development.

Hale House occupies two adjoining brownstones on a quiet inner-city block; one is the children's residence, the other houses the offices. Out front stands a statue of Mother Hale. She died in 1992 at eighty-seven, but to Hale, her mother's spirit is very much alive.

"The older I get, the more I look like my mother," says Hale. "But I never miss her, because she's here. This is her place. I'm constantly thinking, Oh, she must have gone next door."

IT STARTED ON A STREET CORNER

In 1941, when Lorraine Hale and her brothers, Nathan and Kenneth, were growing up, Mother Hale, a widowed housekeeper, began taking in foster children of single working mothers. By age sixty-five, she had raised forty children *(continued)*



Dr. Hale has been comforting kids for nearly thirty years

*Name has been changed.



a.



b.



c.



d.



e.



f.

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a.



b.



c.



d.



e.



f.

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and was ready to retire—until her daughter abruptly changed her plans.

A guidance counselor for the New York City public schools at the time, Lorraine Hale was frustrated, feeling she wasn't making enough of a difference in children's lives. Then one day as she was driving home from visiting her mother, she spotted a young woman, obviously high, sitting at the edge of a curb with a baby in her arms.

"I get cynical, but I never get burned out," says Dr. Hale. "The children keep me going"





Love, self-esteem and good nutrition help Hale House kids thrive

Co-founder Mother Hale

Horrified at the child's plight, Hale gave the woman her mother's address. Mother Hale agreed to take in the infant and others like her—on the condition that Lorraine help. Pooling their savings with a grant from the federal Office of Economic Opportunity, the two women set up Hale House right in Mother Hale's apartment. Within three months, twenty-two cribs were crammed into the small flat.

They leased their first brownstone from the city for $1 a year, and a church donated the second one. Today, all of Hale House's funding comes from private donors, thanks in part to former President Ronald Reagan, who praised Mother Hale in his 1986 State of the Union address and appointed both women to his National Drug-Free America Task Force.

A RECIPE FOR HOPE

Every pristine white wall in the Hale House children's residence is lined with large color photographs of every child currently living here. This is one of many ways the children's self-esteem is bolstered, a gift that will last long after they have left. As often as possible, the kids are told how good they are, how nice they look. "Some parents have a hard time understanding this," Hale says. "They think that cuddling and attention spoil a child. But children need this; it makes them stronger."

Hale hears two babies crying and races upstairs to the nursery to help out. She hugs and rocks one of the sobbing infants until he quiets down. This little boy is among the lucky ones. He arrived in good health because his mother is in jail (where she probably received prenatal care, a decent diet and no access to drugs). Other babies come to Hale House through police precincts, mental institutions, welfare workers, clergy, relatives and sometimes the mothers themselves.

Too many infants arrive in withdrawal, addicted in utero to the drugs or alcohol their mothers abused. The staff provides the only ease they can during the agonizing detox period, rocking and soothing around the clock. Some of the babies are also HIV positive. But thanks to Hale House's holistic methods—remarkably progressive compared to those of many other care facilities—even the frailest infants have done well.

There are no TVs or videos here; instead, there are storybooks, songs and the comfort that comes with a daily routine. Cleanliness and structure are part of Mother Hale's legacy, and children learn to mind their manners so that they'll be welcomed by their families later on.

The young residents may stay here anywhere from a couple of days to four years, until relatives willing to take them in can be located. Only a small minority are placed with adoptive homes. Ironically, these are the few children Hale is likely to see again later on; a mother who has reformed her life may not want her kids to know why they had to be placed at Hale House.

Still, despite her belief in the power of *(continued on page 297)*

Osteoporosis isn't caused by aging. It's caused by ignorance.

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a woman of substance

Straight talk from Susan Sarandon on loving her kids, feeling sexy in her fifties and playing hockey in her living room.

By Melina Gerosa



Susan Sarandon looks daunted. A burly man clutching a knife is pressuring her, and she is staring at him wide-eyed. "I don't think I could handle that," she murmurs, biting her lip. "It's too intimidating."

"Rub a little olive oil on it and toss it on the grill," he persists. Despite her local butcher's five-minute pep-and-prep talk, she declines the Flintstones-size steak and opts instead for sirloin strips for tonight's family dinner. When it comes to what's being brought to the table, Susan Sarandon is not afraid to hold out for exactly what she wants.

It is a tactic that has served her well in her career, too. In her early forties, a point when many actresses downgrade from big screen to small, Sarandon started gaining momentum. She broke into the big leagues as the sexually enlightened baseball groupie in *Bull Durham*, put the pedal to the metal and proved her box-office worth in *Thelma & Louise* and brought her trademark brand of maternal sexuality to her roles in *Lorenzo's Oil* and *The Client*. Sarandon, who was nominated for five Academy Awards, finally nabbed an Oscar in 1996 by playing a nun in *Dead Man Walking*, a movie she talked her companion, Tim Robbins, into writing and directing. This year, Sarandon, fifty-one, has three diverse movies in the works: She is starring as Paul Newman's love interest in a drama due out next year; she recently wrapped the turn-of-the-century period piece *Illuminata*; and she is currently filming *Stepmom*, opposite her good friend Julia Roberts. Which role has been her best? "I like all those gals," she drawls. "But my best role? I like to think that's still to come."

Despite her forty-seven films, Sarandon scampers around the town of New Canaan, Connecticut, unrecognized. Dropping off family portraits at the framer's, investigating the new cookie shop, picking up a CD for her daughter, she seems like any other mom on the move. If anything, she stands out only because she's not as preppy as her neighbors. Her pre-Raphaelite beauty is shrouded in a multicolored *(continued)*


ce


The Rocky Horror Picture Show


Atlantic City


Pretty Baby


With Geena Davis in *Thelma & Louise*


Lorenzo's Oil


The Client

"My best role?" says Sarandon. "

(continued) striped sweater, blue cropped pants, purple flats and a leather knapsack—a funky look more fitting for the family's alternate home in downtown Manhattan. Even her Volvo station wagon has attitude; its bumper sticker reads "Kill Your Television."

As she tells it, her maternal instincts were honed early. The daughter of an advertising executive and a housewife, Sarandon grew up in Edison, New Jersey, the oldest of nine children in a Catholic family. "It grounded me," she says, bearing down on a Caesar salad wrap at the local eatery. "I was very spacey, and I was not able to stay that way because I became responsible for my siblings." According to her thirty-six-year-old brother, Terry Tomalin, she is *still* the ultimate caretaker. "Whenever there is some crisis with our parents, Susan is usually the one who takes control," he says. "Even though she's the busiest, she's the one who keeps everyone in touch. Last year she orchestrated a sibling reunion at her house. We're like the spokes in the wheel and she's the hub."

Sarandon's nurturing nature, however, used to hinder her relationships with men. "I was compulsive about it—I would nurture beyond a partnership," she explains. "It took me a number of failed relationships to understand that there were other places for this energy to go."

One failed relationship in particular led to a breakdown when Sarandon was in her mid-thirties. Her twelve-year marriage to actor Chris Sarandon had ended and afterward, as she recalls, "I got in with a guy who was not so nice, and I didn't have the faintest idea of how to deal with this. I went completely nuts. I would black out and not know how I got from one place to the other. I was disassociating." Sarandon visited a doctor daily and ac cepted some of life's harsher realities. "Learning that lov does *not* conquer all was an incredibly upsetting lesson, she says. "I believe strongly in my own personal magic; was very Blanche DuBois, really. Now I can accept tha there are bad people and bad things, and it doesn frighten me."

Ironically, Sarandon had an easier time dealin with the news that, because of endometriosis, disorder that affects fertility, she would not b able to bear children unless she underwent a se ries of operations. "I had so many nieces an nephews, I thought, I'll just be Auntie Mame she explains. She turned her energies to activisn and in 1984, on a relief mission in Nicaragu she contracted typhoid fever. "I think it burne everything out of me," she says. Two years late while filming *Mussolini* in Italy, she discovere that she and Italian film director Franco Amurri had co ceived a child—her daughter, Eva. "I thought, This litt soul really wants to be here, so it's meant to be," she e plains. "Once I had one child, I couldn't *not* get pre nant, it seemed."

Sarandon's mind doesn't seem to take no for an a swer, either. For instance, she had to pay her own way the *Bull Durham* audition despite her more than twen screen roles. "It took me the entire plane ride to take m self out of the ego involvement, because I was so humi ated," she says. Not only did she land the coveted rol she met Tim Robbins, the man who would become h



The Witches of Eastwick



In *Bull Durham*, with her "partner in crime," Tim Robbins





From left: with son Miles; with Robbins and daughter Eva, and friend



le Women



With Sean Penn in *Dead Man Walking*



Collecting her 1995 Oscar

ike to think that's still to come."

long partner and the father of her two sons, eight-year-d Jack Henry and five-year-old Miles. "My daughter ose him long before I did," she says. "When we were king the movie, I was always having these big barbe-es, and Kevin [Costner] and the guys from the team uld come. Eva would always gravitate toward Tim, d he was great with her."

In fact, the couple has much in common professional-personally and politically. "I believe in one-stop shop-ng. I respected him enough that I didn't have to baby him," she says of Robbins, who is twelve years her junior. "Both of us are on our own together, and it's been *so* productive. Our energy goes into making something new—family, art—which leads me to believe it's a good relationship." She rolls her eyes and adds, "Even when I *hate* the way he's eating his cereal in the morning."

A large part of the couple's energy is spent raising their brood, a balancing act considering their opposing perspectives. "Tim was very bad when he was a kid, *very bad*, and I tended to be a goody-goody," she explains. "He anticipates the worst, and I give everyone the benefit of the doubt." But both are strict parents who take family time seriously. Quality time focuses on hockey and Wiffle ball, both outdoors and in. "We call our living room 'The Field' because we don't have anything in it besides two benches and ficus trees," she explains. "The delivery people always ask if we're running a day-care center."

Does she ever think about increasing the team? "I'm so tempted," she says. "But I feel that my daughter needs me now. Adolescence gets tricky, and I really want to be there." The actress passed on a role in *Portrait of a Lady* because Eva was starting middle school, and she will not work away *(continued on page 294)*

Susan's BEST advice

BEST THING SHE'S EVER LEARNED ABOUT MEN
"If you are up arguing until four o'clock in the morning, very rarely will you really solve the problem. You have to make your point when you are lucid and haven't started throwing things."

BEST PARENTING ADVICE
"I think the best parents are the ones who reveal who they are. If kids think that their parents are infallible, there is a big betrayal when things go wrong."

BEST NIGHT WITH TIM
"For Valentine's Day or an anniversary, the two of us will get a hotel room. We'll have room service, read the paper and find a great movie on TV."

BEST QUALITIES IN A FRIEND
"You expect the truth if you ask for it, plus support, and for them to wave the flag if you're going off the road in a major way."

BEST WAY TO FEEL SEXY
"Anyone who says yes to life is sexy."

BEST GUILTY PLEASURE
"We went out in the car to do errands without the kids, and it was such a treat to talk! I'm sure I'll be devastated when they grow up, but it did feel nice to sneak two hours together."

BEST PART ABOUT BEING IN HER FIFTIES
"Right now I'm in the clearest, most vital place I've been. But not without questions, and not without a search. I'm pleased that I don't feel like I've got it all figured out."

readers' choice awards

Which lipsticks last? What mascaras are best? For unbiased answers, we went to our readers, our most trusted source. Two thousand responded to a survey last June, and here are their picks and pans. By Lois Joy Johnson

Top Of The Classics



You can spot it a mile away in its trademark pink-and-green package: Maybelline mascara, the time-tested eye-opener readers say is their favorite. Runners-up in the most-beloved household-name playoffs? Dove Beauty Bar, Oil of Olay Beauty Fluid, Chapstick and, of course, Vaseline Petroleum Jelly.

Favorite Fragrance

Beautiful by Estée Lauder cops readers' best-scent award, enamored as they are by its fruity-floral aroma. Can you judge the quality of a perfume by the beauty of its bottle? Apparently, yes. Just take a look at our four runners-up.



Beautiful by Estée Lauder, 1.0 oz., $35

Vanilla Fields by Coty, 1.7 oz., $20.50

Red Door by Elizabeth Arden, 1.7 oz., $38

Obsession by Calvin Klein, 1.7 oz., $39

Pleasures by Estée Lauder 1.7 oz., $37.50

Fastest Fix For Bad-Hair Days

The more things change, the more they stay the same. Either that, or everything we needed to know about hair we learned in kindergarten. Most readers say smoothing hair back in a ponytail or wearing a headband is how they deal with unruly locks. Some creative types use a clip or change their part for a lift at the roots.



Biggest Beauty Boost

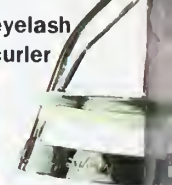
Even if they have a zit, PMS bloat or undereye bags, the one thing that readers think lets their good looks shine through is . . . a great haircut, by a landslide (53.1% of readers agreed).

Can't Live Without It

In the vast scheme of things, sponge toe separators (for pedicures) and their ilk failed to impress readers as all that important. But ask them to part with any of these five items? Forget about it!



nylon mesh bath sponge



eyelash curler



slant-tipped tweezers

makeup sponge

big r… brush

Best Beauty Breakthrough

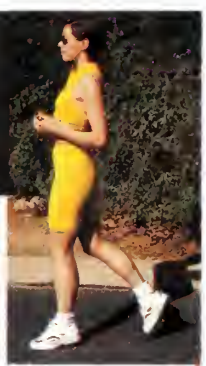
Maybe we should call this award the "Mousse Wanted." Readers told us that gloppy, sloppy hair serums (whether they come in spray, gel or balm form) make their lives easier and improve their looks more than anything else.

The Best That's Brand-New

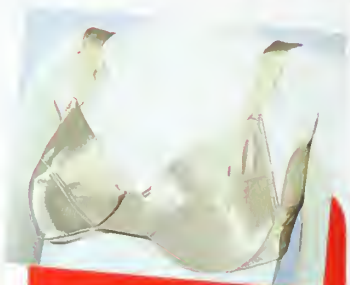
Among our readers, Revlon ColorStay Lipcolor has the most new fans, followed by Maybelline Lash by Lash Waterproof Mascara and Avon Lighten Up Undereye Treatment.



Most Winning Workout



Because it can be done anytime, anywhere, and requires no special equipment, readers say walking beats the stationary bike or StairMaster any day.



Best Bra, Bar None

For being pretty and feminine and undetectable under close-knit tees and sweaters, readers voted their fullest support for Victoria's Secret Second Skin Satin Bra ($22). However, they're also big boosters of Playtex Cross Your Heart Side Shaping Bra ($19.50) and Ball Smooth Compliments Seamless Line Underwire ($24.60).

Most Kissable Colors

erle Norman Luxiva Ultra pcolor in Violet Haze, $11

Revlon Super Lustrous Lipstick in Virtual Violet, $7.50

ue Long Last hine Lipstick in Kiss, $12.50

Avon Color Rich Renewable Lipstick in Satin Claret, $4.75

réal our rème colour Matte l, 30

Max Factor Lasting Color Lipstick in Prima Donna, $5.50



Demi Moore

Ryder



Anne Heche

alle Berry



Pinkett

Robin Wright Penn

Most Tempting Beauty Trend

hat image of a buzz-shaved Demi loore must have made an mpression. Or perhaps it's the retty likes of Winona, Gwyneth and alle. Whatever the inspiring source, ore readers in the mood for a style hange say they're considering utting their hair super short.

Favorite Hem Length

Classic—two inches above the knees 37%

Conservative—just around knee-length 30%

All-Time Fashion Classic

A simple black dress 39%

A great white dress 17%

A navy blazer 15%

Top Slimming Trick

Head-to-toe black 34%

Long tailored jacket 24%

Control panty hose and body shapers 15%

A short skirt with high heels 12%

A long skirt and big sweater 11%



The Anti-Frizz Whiz



Biggest Beauty Boo-Boos

Going to bed with makeup on 32%
Picking at pimples 31%
Not wearing sunscreen 17%
Overstyling hair 9%
Using old products 8%



Most-Wanted Beauty Luxury

An invigorating massage? A day at a spa? No, what our readers pine for is a professional makeover.





We Surely Would If We Could

The medical procedure that tempts readers the most? Having liposuction, followed by Retin-A treatments and "lunchtime" chemical peels.

They Don't Leave Home Without It

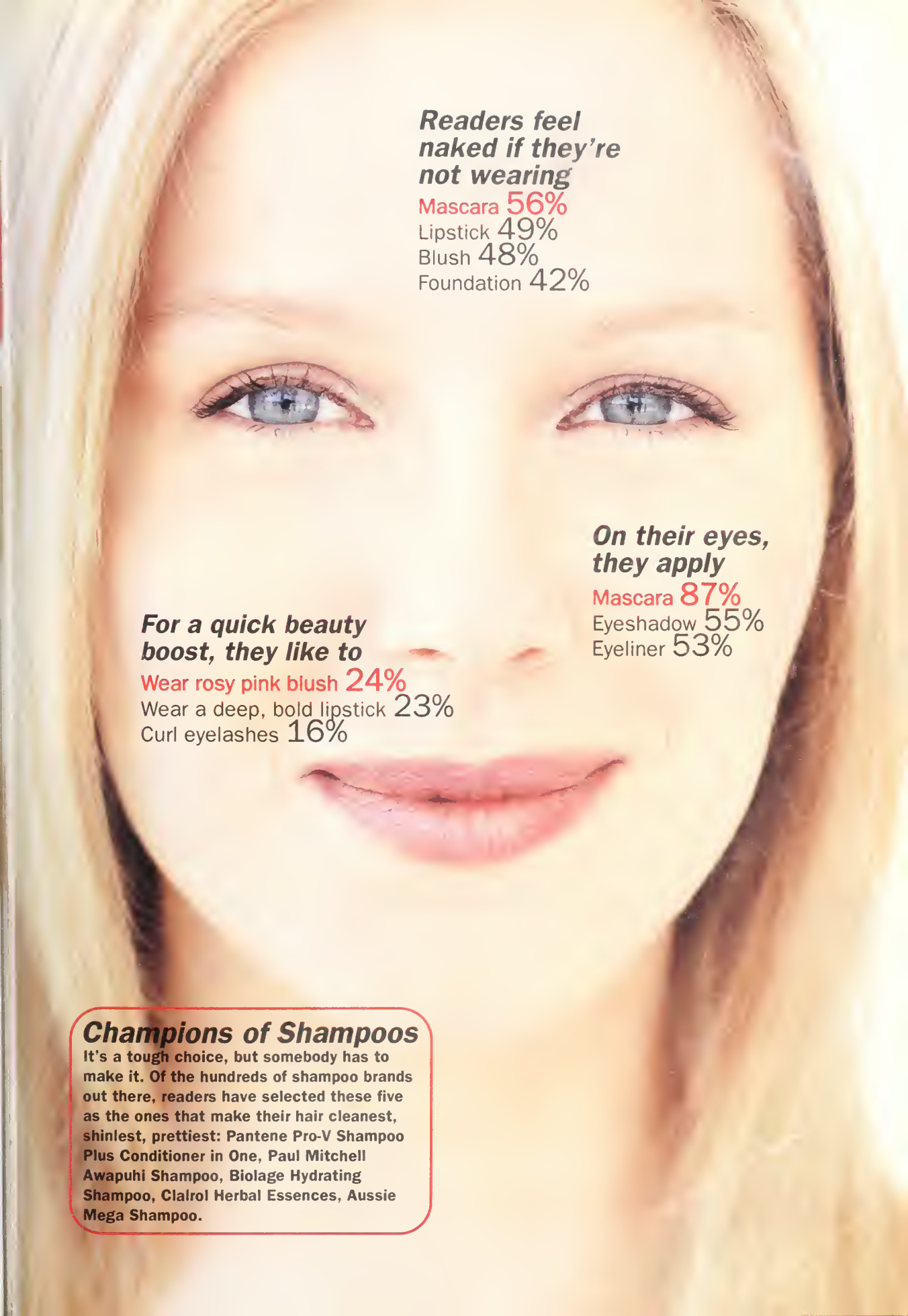


- Lipstick 74%
- Nail file 60%
- Lip balm 51%
- Hairbrush 48%
- Comb 37%



The Best Thing For The Biggest Problem

Hands down, it's hand cream to combat dry and chapped skin. Deep-conditioning products for dull, damaged hair come away with second-place honors.



Readers feel naked if they're not wearing

Mascara 56%
Lipstick 49%
Blush 48%
Foundation 42%

On their eyes, they apply

Mascara 87%
Eyeshadow 55%
Eyeliner 53%

For a quick beauty boost, they like to

Wear rosy pink blush 24%
Wear a deep, bold lipstick 23%
Curl eyelashes 16%

Champions of Shampoos

It's a tough choice, but somebody has to make it. Of the hundreds of shampoo brands out there, readers have selected these five as the ones that make their hair cleanest, shinlest, prettiest: Pantene Pro-V Shampoo Plus Conditioner in One, Paul Mitchell Awapuhi Shampoo, Biolage Hydrating Shampoo, Clairol Herbal Essences, Aussie Mega Shampoo.

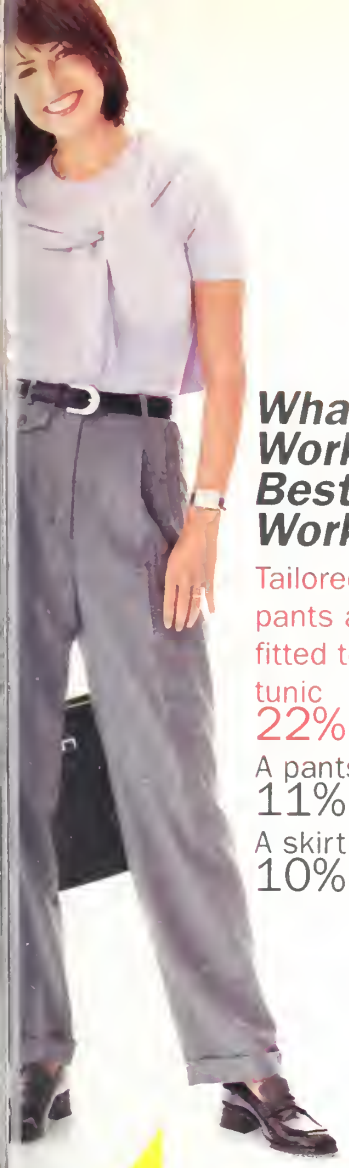


Biggest Wastes Of Money

Anything that makes unsupportable promises or looks unbelievably phony gets our readers' thumbs-down. Topping the list: cellulite gels and thigh-firming creams, followed by weird haircolors like eggplant and those awful, garish fake nails.

Biggest Beauty Pet Peeves

How annoying! Nail polish that chips almost as soon as it's dry; liner pencils that disintegrate when you sharpen them; makeup caps that come off in your bag. Rounding out the list of what gets readers' goats? Stubborn blister-pak packaging.



What Works Best For Work

Tailored pants and a fitted top or tunic
22%

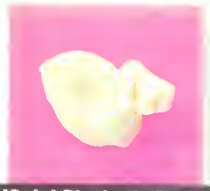
A pantsuit
11%

A skirt suit
10%

Biggest Fashion Gripes

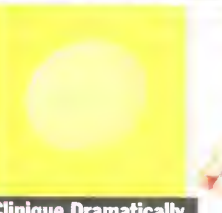
How annoying! (part two): New pants that need hemming; dark colors that turn a dull charcoal gray in the wash; care instructions that say dry-clean only.





L'Oréal Plénitude Revitalift Anti-Wrinkle + Firming Care, 1.7 oz., $11.99

Pond's Age Defying Complex, 2 oz., $10.99



Clinique Dramatically Different Moisturizing Lotion, 4 oz., $19.50

Oil of Olay Daily UV Protectant Beauty Fluid, 4 oz., $6.21

Avon All-In-One Perfecting Complex, 1.7 oz., $11.99

Moist-Wanted Moisturizers

In a lifetime, we probably go through gallons of the stuff, so we become pretty expert at judging it. And our readers, who have time-tested many, name these five the nicest and most moisture restoring.

tick-To-he-Lips uperstars

t so long ago, d have said couldn't be ne. But now t last-all-day sticks have en around for while, we're s purely azed and re critical. ese top three ss our tough ders' tests h flying ors.



Clinique Long Last Soft Shine Lipstick, $12.50

Revlon ColorStay Lipcolor, $8.95

Avon Perfect Wear Lipcolor, $5

A ROOM OF H



Where does a celebrity go to get away from it all? In her new book, LHJ's Contributing Home Design Editor Chris Casson Madden takes us to visit the private, and undeniably personal retreats of some of today's best-loved stars

ER OWN



Oprah Winfrey's

busy taping schedule at Harpo Studios, in Chicago, does not allow much time for relaxation. Moments not spent in front of the camera are usually filled with meetings with her producers and staff either in her office at the studio, or in what, until recently, was a rather nondescript room just off it.

"The room had become a catchall for everything, even the dogs' toys," Winfrey recalls. "It was just filled with stuff! It didn't feel like it belonged to me."

To transform this space into a room where she and her staff could meet, Winfrey gave me and the Chicago design firm Lovell and Associates a wish list. She wanted the room redesigned to reflect her diverse passions—her show, her friends, her dogs, her heritage, her love of books.

And it does—on one wall, a frame highlights Winfrey's favorite quote, spoken by Glinda, the good witch in *The Wizard of Oz*: "You don't need to be helped any longer. You've always had the power." On another is a large black-and-white photograph of her staff at the Emmys. An audiovisual cabinet, stained a soft celadon shade, holds an aubergine silk box with the script from *The Color Purple*, in which Winfrey starred, along with the script from her most recent film project, *Beloved*.

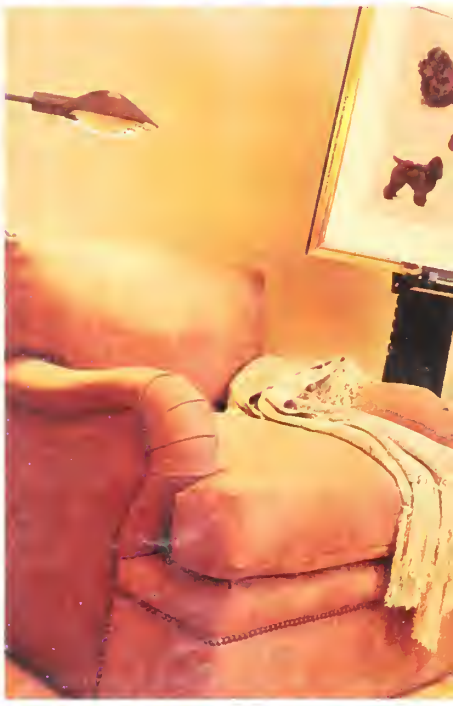
A pair of standing easels allows Winfrey to display cherished pieces of art. Currently featured are two favorite watercolors of her cocker spaniels. Most of the room's existing pieces of furniture were reupholstered in cozy chenille fabrics and butter-soft leathers; four different shades of beige and off-white were used on the walls. A hand-hooked rug pulls together all the hues and introduces a soothing new shade of blue. And to create what Winfrey now calls her "grounding room," personal mementos co-exist peacefully with many of her favorite books, some chosen for her book club.

What was once a dull room has now become an inspiring space for work, where Winfrey can recharge and relax among the things she loves.

FROM "A ROOM OF HER OWN" BY CHRIS MADDEN. COPYRIGHT © 1997 BY CHRIS MADDEN, INC. TO BE PUBLISHED BY CLARKSON POTTER, INC.

e room does double duty as work space and a gallery for nfrey's favorite books and work—especially presentations of her cocker aniels, Sophie and Solomon. d even though it has no ndows, cove lighting along e perimeter gives the room enveloping sense of space.













Cherished mementos, from horseshoes, beads and personal papers to a small painting by her mother, crown MacGraw's desk beneath a mica lamp. A bejeweled mannequin makes a great display for other treasured pieces, as does a small opening on an outer wall of the adobe house. To one side of the bed niche is a fireplace with a wide sitting ledge. Beeswax candles throughout the room cast a gentle light.





Ali MacGraw—actress, author and creator of a best-selling yoga videotape—instantly fell in love with this home tucked away in a valley in northern New Mexico. When she bought it, one of the first things she did was hire a local architect to work with her in building a small studio adjacent to but separate from the main house. MacGraw recalls, "I liked the idea of a certain separation between my 'real house' and a space where I could find silence and tranquillity. I wanted to be able to turn off the phones and perhaps even leave my two dogs and two cats 'home' so that I could work or do yoga with absolutely no distraction."

Working with the architect, her objective was to make the space as efficient as possible. "I put in a proper bathroom with a shower, and a survival kitchen," she notes. "The decoration is terribly minimal and more about function than anything else." A fireplace was added, as well as a simple worktable topped by a handcrafted mica lamp. Painted Shaker pegs are everywhere. "They are simple and beautiful and serve to hang everything from soggy winter clothes to some of my favorite flea-market finds, like African beaded necklaces."

MacGraw has always collected ethnic textiles and jewelry, and what decoration there is in the studio reflects these interests. A faded dhurrie rug in shades of celadon, peach and chocolate brown provides a serene and comfortable spot for her daily yoga, and a queen-size bed—flanked by built-in bookshelves and elevated to take advantage of an incredible view of the mountains—doubles, says MacGraw, "as a big squashy sitting area." She has left the rest of the room sparsely furnished because she uses it for yoga and meditation.

"Most everything I have here is very personal," she explains. "There are lots of photographs of my son, my friends, our animals, mementos from my travels, wildflowers, found rocks and bits from my walks." Many souvenirs of her son's childhood were lost in the Malibu, California, fires in 1993, but the few that remain—like his handprint at age three—are here in the studio.

"I think all of us need a tiny spot of total privacy, of stillness, to reconnect with our own souls," MacGraw says. "I know that being able to get away for a bit enhances my ability to create and, probably, to navigate the complicated relationships that make up the rest of my life."

"I wanted to work with no distraction, to turn off the phone and leave the dog and cats 'home'"



ep stool leads to
pillow-laden
ed bed that
Graw carved into
wall of her studio



ELIZABETH TAYLOR, 1977
"When you see Liz in the morning with no makeup on, she's still Liz Taylor—very beautiful. Yet her face loves makeup—it becomes part of her, she owns it. She's an incredible, strong, marvelous woman. Whenever I photograph her, we borrow jewels for the shoot, and Liz always wants to keep them. She'll say, 'Is that a gift for me?' We have to get them off her quick."

great faces

PHOTOGRAPHS ©1997 FRANCESCO SCAVULLO. FROM "SCAVULLO PHOTOGRAPHS: 40 YEARS," PUBLISHED BY HARRY N. ABRAMS, INC.

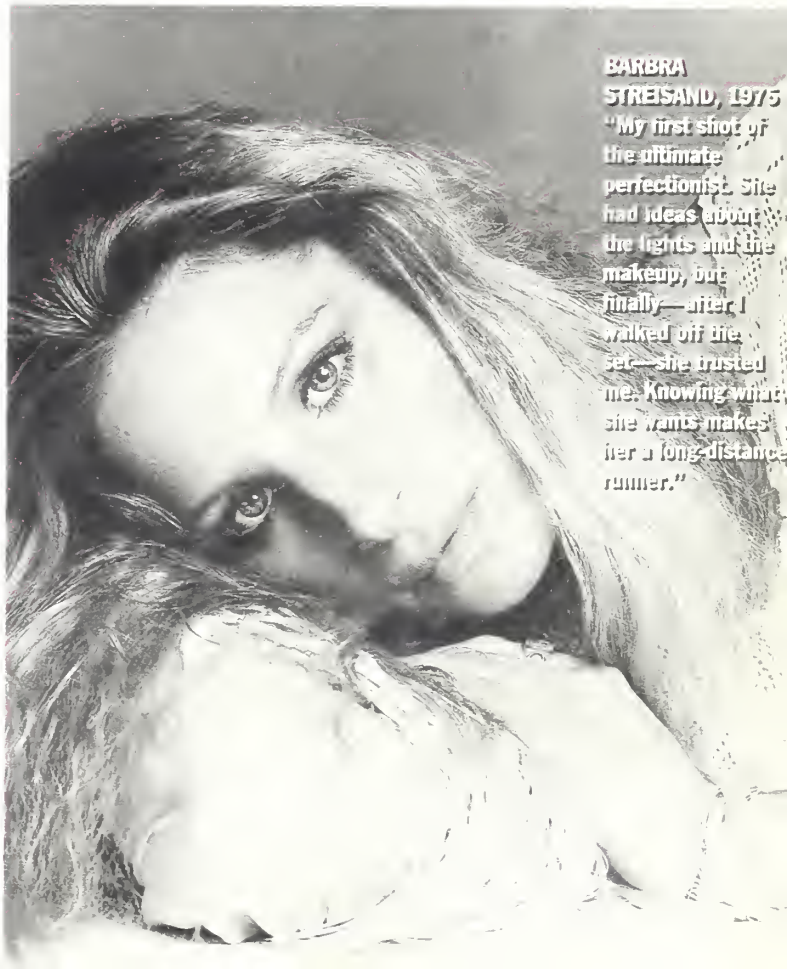
"I love taking pictures," says Francesco Scavullo, "and I think it shows." Scavullo, who has been snapping the beautiful people since he was eighteen, has just published a new book called *Scavullo: Photographs, 50 Years*. His secret to great portraits: "I always find something beautiful in people." And, he adds, "Any woman can be beautiful if she's healthy, well groomed, and happy." Interview by Louise Lague



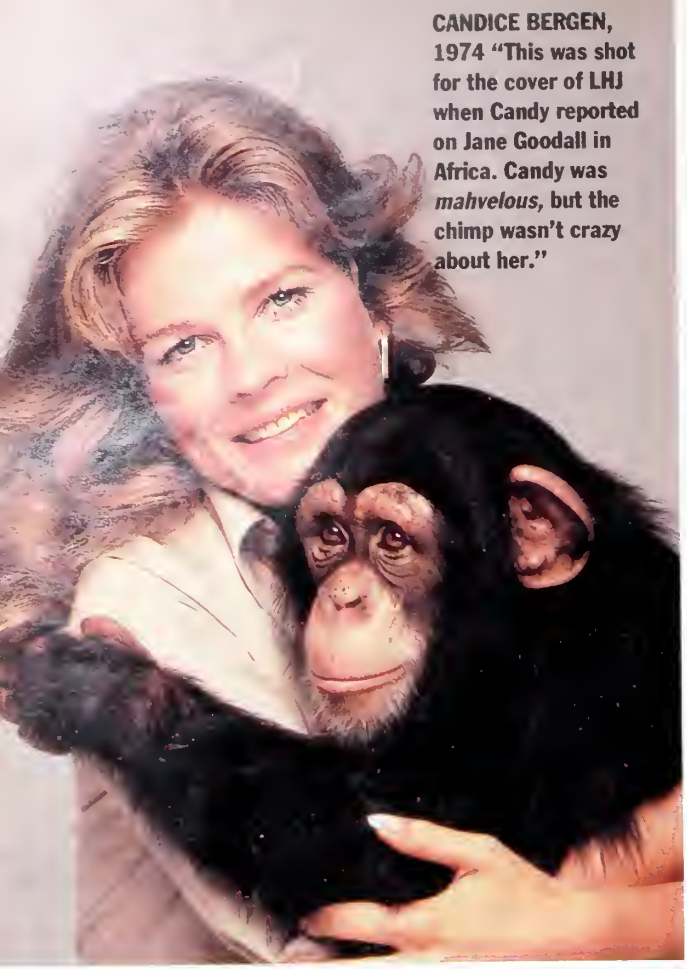
JULIE ANDREWS, 1994 "She's the sweetest woman I've ever met. There's no abuse on that face: no sun, no smoking—beautiful skin, beautiful hair. She's lovely and has an outrageous sense of humor. I just adore her."



RISTOPHER REEVE, 1977 "He had just got the role of perman. He was charming, unpretentious and nderful. Many movies later, he was still the same. w he's a real hero, and he carries that very well, too."



BARBRA STREISAND, 1975 "My first shot of the ultimate perfectionist. She had ideas about the lights and the makeup, but finally—after I walked off the set—she trusted me. Knowing what she wants makes her a long-distance runner."



CANDICE BERGEN, 1974 "This was shot for the cover of LHJ when Candy reported on Jane Goodall in Africa. Candy was *mahvelous,* but the chimp wasn't crazy about her."



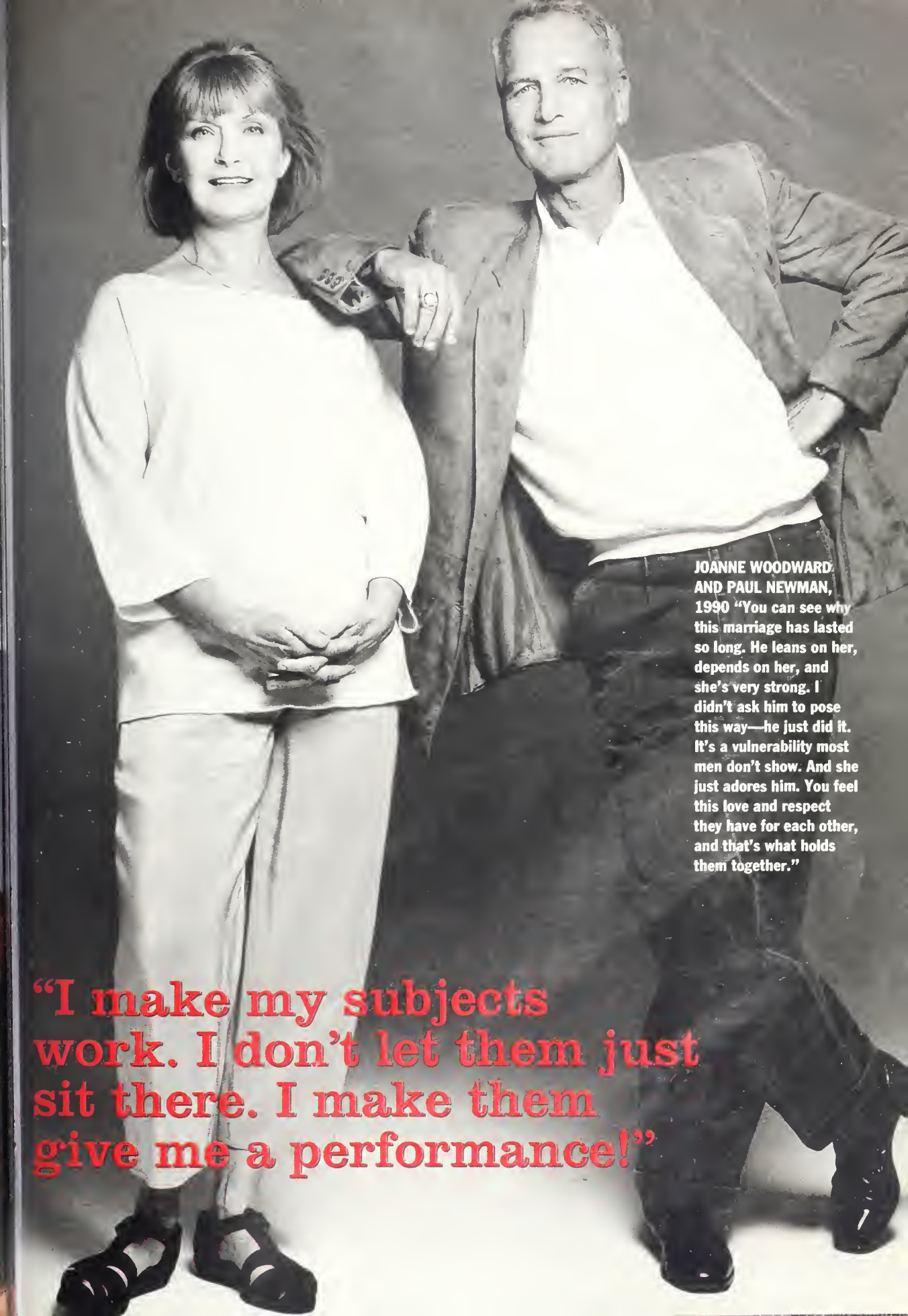
DIANA ROSS, 1979 "No makeup, no wigs, no hair extensions. Diana was afraid her fans wouldn't recognize her in this shot from an album cover session. But she showed the picture to Cher, and Cher said, 'Honey, you ain't never looked that good.' "



MADONNA, 1985 "You can have no idea how hilarious it is to have Madonna stop by and ask, 'Which designer are you into today?' She has incredible energy, and she puts on a great show."



THE McCARTNEYS, 1973 "I love this picture of them! I was trying to get their faces as close together as I could, because they looked so much alike back then. Not many people could see that."



JOANNE WOODWARD AND PAUL NEWMAN, 1990 "You can see why this marriage has lasted so long. He leans on her, depends on her, and she's very strong. I didn't ask him to pose this way—he just did it. It's a vulnerability most men don't show. And she just adores him. You feel this love and respect they have for each other, and that's what holds them together."

"I make my subjects work. I don't let them just sit there. I make them give me a performance!"



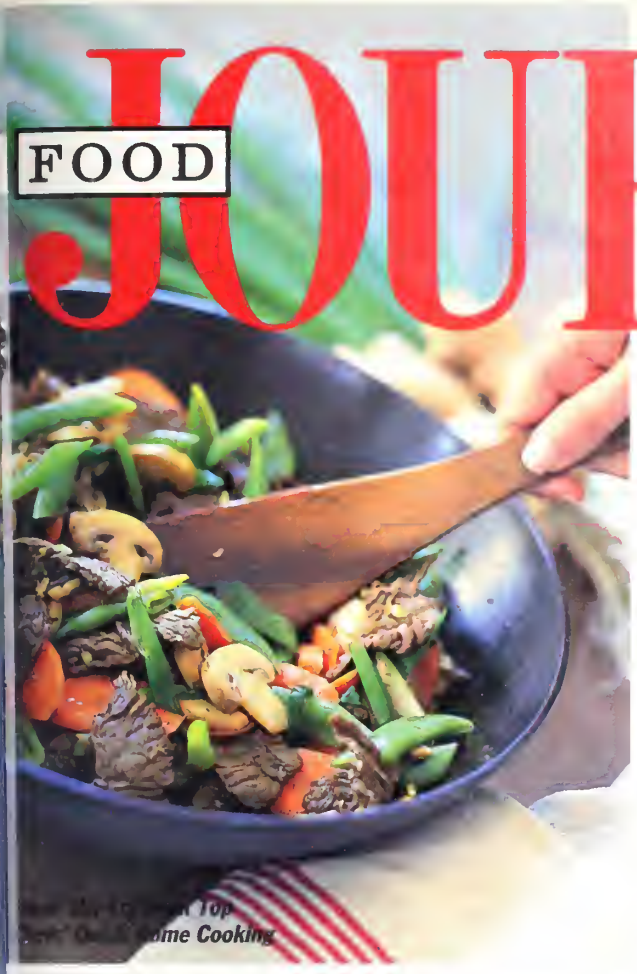
Top your favorite Thanksgiving desserts with
a plentiful helping of Reddi-wip real whipped cream.

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FOOD

JOURNAL



...t Top
...me Cooking



Mashed Sweet Potatoes with Ginger and Orange from *A Bountiful Thanksgiving Feast*



...oconut Macaroons
...om *Four-Star Sweets*

Glorious Food

As we gather together this holiday season, what we eat plays a true starring role. So this month we bring you thirty pages of guaranteed hits, from our lavish Thanksgiving spread to delicious quick dinners from the country's top chefs. And to finish each fabulous meal? Any one of our prizewinning sweets

Mashed Sweet Potatoes with Ginger and Orange

Your Thanksgiving guests will come back for seconds once they try our melt-in-your-mouth bowl of "sweets" with orange, brown sugar and grated fresh ginger. Simply divine.

Prep time: 35 minutes ○○▼
Cooking time: 6 to 7 minutes

4 pounds sweet potatoes, peeled and cut into 1-inch pieces
2 teaspoons salt, divided
2 teaspoons grated orange peel
¼ cup fresh orange juice
2 tablespoons firmly packed brown sugar
3 tablespoons butter or margarine, cut up
2 teaspoons grated fresh ginger

1. Combine potatoes, 1 teaspoon salt and water to cover by one inch in large Dutch oven. Bring to boil; reduce heat and simmer until potatoes are tender, 6 to 7 minutes.
2. Drain potatoes and mash in large bowl. Stir in orange peel, juice and brown sugar until sugar dissolves. Add butter, ginger and remaining 1 teaspoon salt until well blended. *(Can be made ahead. Transfer to 2-quart microwaveproof dish; cover with plastic wrap and refrigerate up to 2 days. To reheat, turn back one corner of wrap to vent and microwave on High 20 minutes, stirring every 5 minutes until heated through.)* Makes 12 servings.

Per serving: 150 calories, 3 g total fat, 2 g saturated fat, 8 mg cholesterol, 519 mg sodium, 29 g carbohydrates, 2 g protein, 30 mg calcium

Steak Stir-Fry

Waldy Malouf, The Rainbow Room, New York City
As chef and director of one of the city's most elegant restaurants, Malouf likes to keep things simple when he cooks dinner for his wife, Meg, son, Max, fifteen, and daughter, Merrill, eleven. This speedy stir-fry fills the bill. "I cook the steak in batches to prevent overcrowding and so the meat will brown rather than steam and release liquid in the pan," he says.

Prep time: 20 minutes ○
Cooking time: 12 to 16 minutes

3 tablespoons Asian sesame oil, divided
1½ pounds boneless sirloin steak, cut into thin strips
1 package (10 to 12 oz.) mushrooms, thinly sliced
1 bunch green onions, cut into 1-inch pieces
2 carrots, thinly sliced
1 cup green beans (4 oz.), trimmed and cut into 1-inch pieces
2 tablespoons soy sauce
1 tablespoon grated fresh ginger
3 cups cooked rice

1. Heat 1 tablespoon oil in 12-inch skillet over high heat just until it begins to smoke. Add one third of steak and cook, turning once, until browned but rare, 2 minutes. Transfer to plate. Repeat process 2 more times.
2. Add vegetables to skillet; cook until tender. Stir in soy sauce, ginger and steak; cook 1 minute. Serve with rice. Makes 6 servings.

Per serving: 475 calories, 24.5 g total fat, 8 g saturated fat, 76 mg cholesterol, 420 mg sodium, 37 g carbohydrates, 27 g protein, 50 mg calcium

Skimming The Fat



Here's an effortless way to remove fat from pan drippings for turkey gravy. Scrape drippings from roasting pan into a glass measure. Let stand 5 minutes until fat rises to the top. Plunge a turkey baster to the bottom of measure, squeeze the bulb and transfer drippings to a saucepan. Repeat until only a clear layer of fat remains; discard. Proceed with our Perfect Turkey Gravy recipe as directed (page 254).

Coconut Macaroons

From *Cooking Then and Now*
Gulf Coast Heritage Association, Osprey, Florida.

Coconut fans will adore these moist and chewy cookies. You'll need a double boiler to make the batter, but you can substitute a heatproof bowl that fits over a saucepan.

Prep time: 35 minutes ○ ❄1
Baking time: 18 minutes per batch

3 cups shredded coconut
2 tablespoons cornstarch
3 large egg whites
1 cup sugar
1 tablespoon vanilla extract

1. Heat oven to 300°F. Lightly coat 2 large cookie sheets with vegetable cooking spray.
2. Combine coconut and cornstarch in bowl; set aside.
3. Beat egg whites in large mixer bowl at medium speed to soft peaks. Gradually increasing speed to medium-high, beat in sugar, 1 tablespoon at a time, to stiff peaks.
4. Fold in coconut mixture; transfer to top of double boiler. Cook over simmering water, stirring occasionally, until sugar dissolves, 15 minutes. Remove from heat; stir in vanilla. Cool 10 minutes to thicken.
5. Drop batter by measuring teaspoonfuls 1 inch apart onto prepared cookie sheets. Bake 18 minutes until golden brown. Cool on wire racks. *(Can be made ahead. Transfer to airtight container and freeze up to 1 month.)* Makes 4½ dozen.

Per macaroon: 35 calories, 1.5 g total fat, 1 g saturated fat, 0 mg cholesterol, 14 mg sodium, 6 g carbohydrates, 0 g protein, 1 mg calcium

PERFECT *in 5* minutes.
Sensational in a *few* MORE.

an't undercook it. Or overcook it.
ute® rice is pure, long grain rice
makes as many rice dishes as
an imagine. And if you haven't
e time to imagine that many,
may we suggest...

ICE *with* Salsa & Beans ▶
e 2 cups uncooked Minute® rice
as directed on package•
1 cup salsa and 1 cup drained,
canned black or red beans



***with* Mushroom Soup ▲**
1 1 can condensed cream of
oom soup and 1½ cups water•
2 cups uncooked Minute® rice
Cover•Remove from heat•
Let stand 5 minutes•Stir

***with* Broccoli & Cheese ▶**
½ cups water and 1 cup fresh
zen broccoli•Stir in 1½ cups
ooked Minute® rice and 8oz.
a® cheese spread, cut up•Cover
on low heat 3 minutes•Remove
heat•Let stand 5 minutes•Stir





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This *is* RICE



A bountiful Thanksgiving feast

Our Best Thanksgiving Turkey



Cranberry-Orange Relish

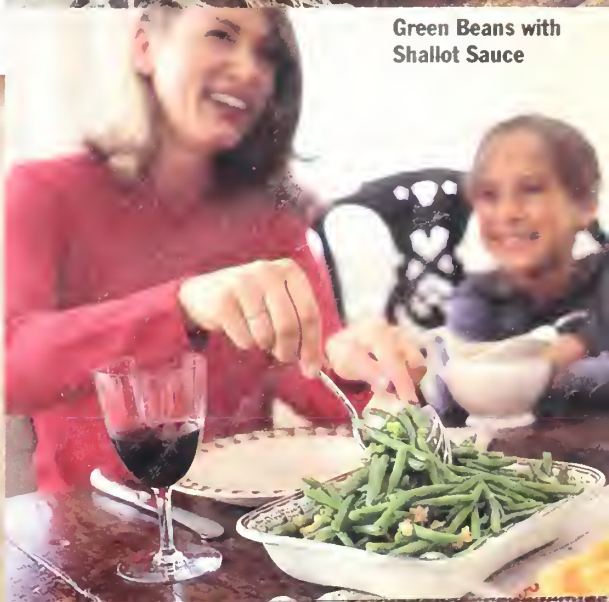




Glazed Almonds and Relish Trays with Herb Dip

Tradition is everything this time of year, and our make-ahead menu boasts all the turkey-day favorites. It's the perfect combination for your celebration—delicious food and lots of it





Green Beans with Shallot Sauce

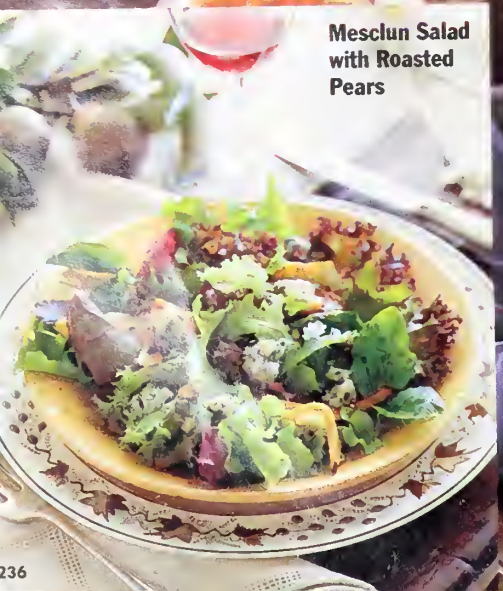


The Best Mashed Potatoes; Mushroom-Herb Bread Stuffing; Brussels Sprouts with Prosciutto



The turkey is carved, second helpings are served, and everyone eagerly awaits the pies coming next. After such a wonderful meal, family and friends have a new long list of things for which to give thanks!





Mesclun Salad with Roasted Pears



Sour Cream–Apple Pie, Pumpkin Pie with Pecan Crust, and Cranberry-Nut Tart, served with Cinnamon-Maple Ice Cream



○ Easy ● Challenging ▼ Low-fat
◒ Moderate ○ Microwave ▽ Low-calorie
❄ Can be frozen up to 1, 3, 6, or 9 months

Thanksgiving Dinner for 12

See page 240 for Do-Ahead Instructions

Relish Tray with Herb Dip
Glazed Almonds

Our Best Thanksgiving Turkey with Perfect Turkey Gravy
Mushroom-Herb Bread Stuffing

Green Onion Corn Bread
Cranberry-Orange Relish

The Best Mashed Potatoes
Mashed Sweet Potatoes with Ginger and Orange (recipe on page 232)
Green Beans with Shallot Sauce
Brussels Sprouts with Prosciutto

Mesclun Salad with Roasted Pears

Sour Cream–Apple Pie
Pumpkin Pie with Pecan Crust
Cranberry-Nut Tart
Cinnamon-Maple Ice Cream

RELISH TRAY WITH HERB DIP

Prepare this gorgeous assortment of celery, carrots, fennel, radishes, jicama and roasted beets with parsley-cilantro dipping sauce instead of the usual crudités and creamy dip. It's the perfect light nibbler to whet appetites for the feast ahead.

Prep time: 35 minutes plus standing ○
Roasting time: 1 hour

4 medium beets (1½ lbs.), trimmed

Herb Dip
- *1 slice white sandwich bread*
- *½ cup packed fresh flat-leaf parsley leaves*
- *¼ cup packed fresh cilantro leaves*
- *¼ cup ground toasted almonds*
- *1 tablespoon capers*
- *1 tablespoon red wine vinegar*
- *½ teaspoon anchovy paste*
- *¼ teaspoon salt*
- *¼ teaspoon freshly ground pepper*
- *⅓ cup olive oil*

½ bunch celery, peeled and cut into 2-inch pieces
1 bunch baby carrots or ½ bunch carrots, cut into 2-inch pieces
1 small fennel bulb (anise), thinly sliced
½ pound radishes, scrubbed
1 small jicama (8 oz.), peeled and sliced

1. Heat oven to 400°F. Combine beets and 2 tablespoons water in small baking dish; cover with foil and roast 1 hour or until tender. Cool. Remove peel. *(Can be made ahead. Refrigerate in airtight container up to two days.)* Cut each beet into 6 wedges.
2. *Make Herb Dip:* Soak bread with 2 tablespoons water in small bowl until water is absorbed. Puree soaked bread, parsley, cilantro, almonds, capers, vinegar, anchovy paste, salt and pepper in blender, scraping with spatula, until smooth. On low speed, add oil in a thin, steady stream, then increase speed to high and blend until combined. *(Can be made ahead. Transfer to airtight container. Refrigerate up to two days.)*
3. Cover celery, carrots, fennel, radishes and jicama with iced water in large bowl. Let vegetables stand 30 minutes until chilled. Remove vegetables from water; arrange on large platter with beets. Serve with Herb Dip. Makes 12 servings.

PER SERVING		DAILY GOAL
Calories	130	2,000(F), 2,500(M)
Total fat	7.5 g	60 g or less (F); 70 g or less (M)
Saturated fat	1 g	20 g or less (F); 23 g or less (M)
Cholesterol	0 mg	300 mg or less
Sodium	195 mg	2,400 mg or less
Carbohydrates	14 g	250 g or more
Protein	3 g	55 g to 90 g
Calcium	63 mg	1,000 mg (F); 1,000 mg (M)

GLAZED ALMONDS

Blanched almonds (a great source of vitamin E) are baked until fragrant, then glazed with beaten egg white and a touch of salt.

Prep time: 10 minutes plus standing ○
Baking time: 12 to 15 minutes

1 pound blanched whole almonds
¾ teaspoon salt
1 tablespoon egg white

1. Heat oven to 350°F. Spread almonds in single layer on large jelly-roll pan. Bake 12 to 15 minutes until lightly browned. Cool in pan 5 minutes.
2. Meanwhile, dissolve salt in 2 teaspoons water in medium bowl. Whisk in egg white until foamy. Stir in nuts, tossing to coat. Spread on 15-inch sheet of wax paper. Let stand until cool and completely dry, 45 minutes. *(Can be made ahead. Store in airtight container up to 1 week.)* Makes 3 cups.

PER ¼ CUP		DAILY GOAL
Calories	220	2,000(F), 2,500(M)
Total fat	20 g	60 g or less (F); 70 g or less (M)
Saturated fat	2 g	20 g or less (F); 23 g or less (M)
Cholesterol	0 mg	300 mg or less
Sodium	143 mg	2,400 mg or less
Carbohydrates	7 g	250 g or more
Protein	8 g	55 g to 90 g
Calcium	94 mg	1,000 mg (F); 1,000 mg (M)

My Thanksgiving Memory

"I lay five kernels of dried corn on every place setting at Thanksgiving dinner to remember the starvation the Pilgrims endured in 1621. That was their daily ration before the first crops came in. When you see it, you know how little it was. Of the one hundred two passengers on the *Mayflower*, only fifty-one survived. I am descended from two of them. So I give thanks to my ancestors, who struggled against all odds."

Caroline Lewis Kardell, historian general of the General Society of Mayflower Descendants, in Plymouth, Massachusetts

MESCLUN SALAD WITH ROASTED PEARS

Food Editor's Favorite

Here's a marvelous winter salad you'll want to serve all season long. Pears are roasted to intensify their flavor, then tossed with sherry vinaigrette and mesclun (an assortment of young, sma salad greens). Select Bosc pears for roasting—they hold their shape best.

Prep time: 15 minutes
Roasting time: 30 minutes

3 tablespoons olive oil, divided
4 large Bosc pears (2 lbs.), peeled, cored and sliced ¼ inch thick
½ teaspoon kosher salt
¼ teaspoon freshly ground pepper

Dressing
- *¼ cup sherry vinegar*
- *1 tablespoon finely chopped shallots*
- *2 teaspoons honey*
- *½ teaspoon salt*
- *¼ teaspoon freshly ground pepper*
- *½ cup olive oil*

2 bags (10 to 12 oz. each) mesclun salad greens or spring salad mix
6 oz. Roquefort or Saga blue cheese, crumbled

1. Arrange oven racks on center and upper third of oven. Heat oven to 425°F. Line two large jelly-roll pans with foil; brush each with ½ tablespo oil. Arrange pear slices in a single lay on prepared pans. Brush both sides o slices with remaining 2 tablespoons o Combine salt and pepper in cup; sprinkle evenly over slices. Roast slice 30 minutes, switching pans between racks halfway through until pears are golden and edges are brown. Cool on pans on wire racks. *(Can be made ahead. Arrange in single layers in airtig container. Cover and refrigerate up to 2 days. To serve, let stand at room temperature 1 hour.)*
2. *Make dressing:* Whisk *(continu*

Campbell's®

TOMATO'S UNCANNY POSSIBILITIES



A new take on tacos.

Campbell's® Beef Taco Bake

Prep Time: 10 min. Cook Time: 30 min.

- 1 lb. ground beef
- 1 can (10 3/4 oz.) Campbell's® Condensed Tomato Soup
- 1 cup salsa
- 1/2 cup milk
- 6 flour tortillas ***or*** 8 corn tortillas (6 to 8"), cut into 1" pieces
- 1 cup shredded Cheddar cheese

1. In skillet over medium-high heat, cook beef until browned, stirring to separate meat. Pour off fat.
2. Add soup, salsa, milk, tortillas and ***half*** the cheese. Spoon into 2-qt. shallow baking dish. ***Cover.***
3. Bake at 400°F. 30 min. or until hot. Sprinkle with remaining cheese. Serves 4.

Free Recipe Booklet: For more recipes send name, address and 50¢ for P&H to: Campbell's, Dept. C, P.O. Box 4116, St. Cloud, MN 56398-4116. While supplies last.



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Campbell's Makes Everything *Mm! Mm!* Better™

together vinegar, shallots, honey, salt and pepper in medium bowl. Gradually whisk in oil to blend. Makes ¾ cup. *(Can be made ahead. Cover and refrigerate up to 2 days. To serve, let stand at room temperature 1 hour.)*
3. Arrange greens in large bowl. Add pear slices and cheese. Toss salad with ½ cup dressing. Serve with remaining ¼ cup dressing on the side. Makes 12 servings.

PER SERVING		DAILY GOAL
Calories	220	2,000(F), 2,500(M)
Total fat	17 g	60 g or less (F), 70 g or less (M)
Saturated fat	4.5 g	20 g or less (F), 23 g or less (M)
Cholesterol	13 mg	300 mg or less
Sodium	420 mg	2,400 mg or less
Carbohydrates	14 g	250 g or more
Protein	4 g	55 g to 90 g
Calcium	126 mg	1,000 mg (F), 1,000 mg (M)

MUSHROOM-HERB BREAD STUFFING

A simple, versatile stuffing that starts with prepared stuffing mix and has an added flavor twist—tart dried cherries and shiitake mushrooms. The recipe can be made with or without the pork sausage.

Prep time: 30 minutes ○▼
Baking time: 1 hour

½ pound bulk pork sausage (optional)
2 tablespoons olive oil, divided
1 pound shiitake or white mushrooms, quartered
1½ cups chopped onions
1 tablespoon chopped garlic
¼ cup chopped fresh flat-leaf parsley
2 tablespoons chopped fresh sage or 1 teaspoon dried
*½ cup tart dried cherries**
1 bag (14 to 16 oz.) herb-seasoned stuffing mix
1 can (13¾ or 14½ oz.) chicken broth
¼ cup butter or margarine, cut up

1. Heat 12-inch nonstick skillet over medium-high heat. If using sausage, cook, breaking up large pieces with a slotted spoon, 5 minutes or just until cooked through. Remove with spoon to paper towels; set aside. Drain drippings and discard.
2. Heat 1 tablespoon oil in same skillet over medium-high heat. Add mushrooms and cook 5 minutes until lightly browned. Transfer to large bowl. Heat remaining 1 tablespoon oil in skillet and cook onions and garlic until onions soften, 5 minutes. Stir in parsley, sage and cherries; cook 2 minutes. Transfer mixture to bowl with mushrooms. Stir in sausage, stuffing mix, broth and butter. Mix well. *(Can be made ahead. Cool. Cover and refrigerate up to 24 hours.)* To stuff a turkey, see Our Best Thanksgiving Turkey, page 244.
3. Heat oven to 350°F. Place stuffing in a greased 13x9-inch baking dish. Cover with foil and bake 50 minutes. Remove foil and bake 10 minutes more until top is golden. Makes 10½ cups.

* AVAILABLE IN NATURAL FOOD MARKETS OR FROM CHUCKAR CHERRIES, 800-624-9544

PER ½ CUP WITH SAUSAGE		DAILY GOAL
Calories	130	2,000(F), 2,500(M)
Total fat	4 g	60 g or less (F); 70 g or less (M)
Saturated fat	1.5 g	20 g or less (F); 23 g or less (M)
Cholesterol	14 mg	300 mg or less
Sodium	449 mg	2,400 mg or less
Carbohydrates	20 g	250 g or more
Protein	4 g	55 g to 90 g
Calcium	25 mg	1,000 mg (F); 1,000 mg (M)

(continue

DO-AHEAD THANKSGIVING DINNER

The best Thanksgivings are those you remember for the happy times with family and friends—not the ones that find you frantic in the kitchen. Just follow this game plan for a flawless turkey dinner.

UP TO 1 MONTH AHEAD:
- Order your turkey—especially if you want to buy a fresh bird.

UP TO 2 WEEKS AHEAD:
- Buy ingredients for Green Onion Corn Bread, Sour Cream–Apple Pie and Cranberry-Nut Tart.
- Make and freeze Green Onion Corn Bread.
- Make and freeze Sour Cream–Apple Pie.
- Make and freeze Cranberry-Nut Tart.

UP TO 1 WEEK AHEAD:
- Buy ingredients for Glazed Almonds, Cranberry-Orange Relish, Cinnamon-Maple Ice Cream and Pumpkin Pie with Pecan Crust.
- Make Glazed Almonds.
- Make and refrigerate Cranberry-Orange Relish.
- Make and freeze Pumpkin Pie with Pecan Crust.
- Make and freeze Cinnamon-Maple Ice Cream.

2 DAYS AHEAD:
- Purchase remaining ingredients.
- Make roasted beets and Herb Dip for Relish Tray with Herb Dip; refrigerate both.
- Make dressing and roast pears for Mesclun Salad with Roasted Pears; refrigerate both.
- Make and refrigerate Mashed Sweet Potatoes with Ginger and Orange.
- Make and refrigerate The Best Mashed Potatoes.

1 DAY AHEAD:
- Make and refrigerate Brussels Sprouts with Prosciutto.
- Make and refrigerate green beans for Green Beans with Shallot Sauce.
- Make and refrigerate Mushroom-Herb Bread Stuffing (do not bake).
- Set up table with serving pieces.

THANKSGIVING DAY:
- Wash greens for Mesclun Salad with Roasted Pears.
- Cut and chill vegetables for Relish Tray with Herb Dip.

4 TO 5 HOURS BEFORE SERVING:
- Stuff and roast Our Best Thanksgiving Turkey.
- Thaw Sour Cream–Apple Pie, Pumpkin Pie with Pecan Crust, Cranberry-Nut Tart and Green Onion Corn Bread.

BEFORE GUESTS ARRIVE:
- Arrange Relish Tray with Herb Dip.
- Place Glazed Almonds in serving dish.

1 HOUR BEFORE SERVING:
- Bake stuffing.
- Let pears and dressing for Mesclun Salad with Roasted Pears stand at room temperature.

½ HOUR BEFORE SERVING:
- Arrange Our Best Thanksgiving Turkey on serving platter; cover loosely.
- Make the Perfect Turkey Gravy.
- Finish Green Beans with Shallot Sauce.
- Reheat Green Onion Corn Bread.
- Reheat Mashed Sweet Potatoes with Ginger and Orange.
- Reheat The Best Mashed Potatoes.

JUST BEFORE SERVING:
- Reheat Brussels Sprouts with Prosciutto.
- Toss Mesclun Salad with Roasted Pears with dressing.

15 MINUTES BEFORE SERVING DESSERT:
- Reheat Sour Cream–Apple Pie, Pumpkin Pie with Pecan Crust and Cranberry-Nut Tart.
- Remove Cinnamon-Maple Ice Cream from freezer and place in refrigerator 10 minutes, then serve.



It could run circles around cranberry sauce.

Spiced Cranberry Orange Mold

PREP TIME: 15 minutes

1 ½ cups boiling water
1 pkg. (8-serving size) or 2 pkg. (4-serving size) JELL-O® Brand Cranberry Flavor Gelatin Dessert*
½ tsp. ground cinnamon
1 can (16 oz.) whole berry cranberry sauce
1 cup cold water
1 orange, sectioned, diced
½ cup chopped walnuts

STIR boiling water into gelatin and cinnamon in large bowl at least 2 minutes until completely dissolved. Stir in cranberry sauce until melted. Stir in cold water. Refrigerate about 1½ hours or until thickened (spoon drawn through leaves definite impression). **STIR** in orange and walnuts. Spoon into 5-cup mold. **REFRIGERATE** 4 hours or until firm. Unmold. Garnish as desired. Store leftover gelatin mold in refrigerator. Makes 10 servings. **UNMOLDING:** Dip mold in warm water for about 15 seconds. Gently pull gelatin from around edges with moist fingers. Place moistened serving plate on top of mold. Invert mold and plate; holding mold and plate together, shake slightly to loosen. Gently remove mold. Center gelatin on plate. *Or use JELL-O Brand Cranberry Flavor Sugar Free Low Calorie Gelatin Dessert.



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JELL-O BRAND

A Fabulous Thanksgiving Recipe from Honeysuckle White



Herb Marinade and Baste for Turkey

tsp. paprika
2 tsp. dried tarragon
tsp. dried rosemary
? tsp. hot pepper sauce
tsp. salt
3 cup lemon juice or vinegar
4 cup water
tblsp. sugar
tblsp. onion, finely chopped
3 cup vegetable oil

To Prepare

ombine all ingredients and blend thoroughly. For variety, remove tarragon and sugar and bstitute 1 tsp. each of thyme and marjoram and ? tsp. oregano. Yield: 1 3 4 cup.) Remove giblet ckage and neck from turkey and refrigerate. inse inside and outside of turkey with cold water. rain well and pat dry. Place uncooked turkey in asting pan, breast down. Pour marinade over rkey to cover well. Stuff cavity with juiced mon rinds and whole sprigs of fresh rosemary. et marinate overnight in the refrigerator.

To Cook

rn turkey breast side up in the roasting pan. ast at 325 F according to the chart on the oneysuckle White package. When turkey is lden brown, cover with a loose tent of uminum foil to prevent over-browning. During e last hour before turkey is due to be done, gin checking the pop-up timer and baste turkey ery 15 minutes until done.

Honeysuckle White

r more information, reach us at 1-800-810-MEAL at http://www.honeysucklewhite.com.

CRANBERRY-ORANGE RELISH

Fastest Recipe of the Month

A refreshing cranberry relish with orange sections and liqueur as well as a touch of rosemary.

Prep time: 10 minutes
Cooking time: 12 minutes

¾ cup sugar
1 bag (12 oz.) fresh or frozen cranberries
½ teaspoon grated orange peel
3 oranges, peeled and cut into sections
2 tablespoons orange-flavored liqueur
½ teaspoon chopped fresh rosemary

Place sugar in small bowl. Heat heavy-bottomed medium saucepan 1 minute over medium heat. Add 2 tablespoons of the sugar and cook until sugar melts and turns golden, 2 minutes. Stirring frequently, add remaining sugar, 2 tablespoons at a time, until sugar melts and turns golden after each addition. Continue to cook until syrup is amber. Add cranberries and orange peel; cover and cook 5 minutes. Uncover and stir until all sugar is melted. Stir in orange segments, orange-flavored liqueur and rosemary. Remove from heat; cool. *(Can be made ahead. Transfer to airtight container. Cover and refrigerate up to 1 week.)* Makes 3 cups.

PER 2 TABLESPOONS		DAILY GOAL
Calories	45	2,000(F), 2,500(M)
Total fat	0 g	60 g or less (F); 70 g or less (M)
Saturated fat	0 g	20 g or less (F); 23 g or less (M)
Cholesterol	0 mg	300 mg or less
Sodium	0 mg	2,400 mg or less
Carbohydrates	11 g	250 g or more
Protein	0 g	55 g to 90 g
Calcium	9 mg	1,000 mg (F); 1,000 mg (M)

GREEN BEANS WITH SHALLOT SAUCE

More delicate tasting than garlic, shallots are a wonderful complement to fresh vegetables, especially green beans tossed with browned butter.

Prep time: 20 minutes
Cooking time: 20 to 24 minutes

My Thanksgiving Memory

"I'll always remember 1985 as Kerm the Frog's most amazing Thanksgivin parade. It stormed all day, and the streets filled with water. Early on in the route, poor Kermit got blown into a tree. The branches ripped his stomach and he lost most of his helium. I thought I'd have to take hi out, but his handlers wouldn't hear o it. They got into and under the balloon—which weighs about seven hundred pounds—and dragged him for over two miles to the end. The crowd went wild. They applauded hi every inch of the way for not being a quitter. Besides, the frog was doing what came naturally: 'swimming' down Broadway."

Jean McFaddin, producer/director Macy's Thanksgiving Day Para

2 pounds green beans, trimmed
3 tablespoons butter, divided (no substitutions)
1 cup (4 oz.) diced shallots
½ teaspoon salt
⅛ teaspoon freshly ground pepper

1. Place large steamer basket in larg Dutch oven. Add enough water to reach ½ inch from the bottom of th steamer basket. Arrange beans in basket; cover and bring to boil. Re heat to medium and steam beans 7 10 minutes until tender. *(Can be m ahead. Immediately rinse beans under water to chill. Transfer to airtight container and refrigerate overnight.)*
2. Meanwhile, melt 2 tablespoons butter in 12-inch skillet over mediu heat. Cook butter, stirring occasion until lightly browned and fragrant, 7 minutes, being careful not to bur Transfer browned butter to cup, scraping skillet with rubber spatula
3. Melt remaining 1 tablespoon bu in same skillet over medium heat. A shallots; cover and cook, stirring, 8 10 minutes until lightly browned. A beans, reserved brown *(contin*

Turkey Talk: On-Line Or Toll-Fre

GOT A TURKEY QUESTION? JUST VISIT OUR WEB SITE AT *HTTP://WWW.LHJ.COM* O CALL A NUMBER ON THIS HANDY LIST.

The Butterball Turkey Talk-Line
Call 800-323-4848 (800-833-3848 for the hearing- or speech-impaired) (November 1 through December 23), or visit their Web site at: *http://www.butterball.com*

Reynolds Turkey Tips Line
Call 800-745-4000 (November 1 through December 31, 24 hours a da seven days a week), or check out Th Reynolds Kitchens Web site at: *http://www.rmc.com/wrap*

"More white meat, please."



How to get the most white meat from your turkey.

Remove the drumstick and thigh by pulling leg away from body and carving at joint.



Cut along each side of breast bone. Then cut down front of the breast bone along the wishbone. Repeat a couple of times.



Finally, remove entire breast from each side. Place on platter and slice diagonally.

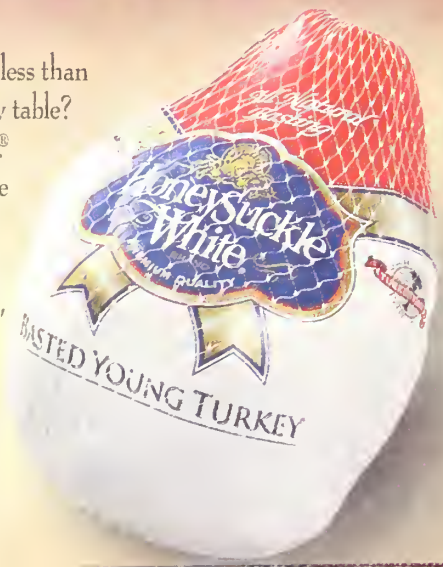


Would you actually give your family anything less than the best when they gather around your holiday table?

Insist on Honeysuckle White.® The turkey with an abundance of tender, moist white meat. And a guarantee to roast perfectly every time.

For information about selecting, thawing, and cooking your holiday turkey - plus a free recipe booklet, while they last - call 1-800-810-MEAL.

http://www.honeysucklewhite.com



butter, salt and pepper. Cook 4 minutes more until heated through. Makes 12 servings.

PER SERVING		DAILY GOAL
Calories	55	2,000(F), 2,500(M)
Total fat	3 g	60 g or less (F); 70 g or less (M)
Saturated fat	2 g	20 g or less (F); 23 g or less (M)
Cholesterol	8 mg	300 mg or less
Sodium	126 mg	2,400 mg or less
Carbohydrates	6 g	250 g or more
Protein	4 g	55 g to 90 g
Calcium	30 mg	1,000 mg (F); 1,000 mg (M)

BRUSSELS SPROUTS WITH PROSCIUTTO

To lighten the taste of this side dish, we sliced the brussels sprouts thinly, added lemon peel and substituted prosciutto for the traditional bacon.

Prep time: 25 minutes ○ ▼
Cooking time: 9 to 15 minutes

1½ pounds fresh brussels sprouts
3 ounces prosciutto or 3 slices bacon, chopped
1 teaspoon grated lemon peel
½ teaspoon salt
¼ teaspoon freshly ground pepper

1. Bring 3 quarts water to boil in large Dutch oven. Add brussels sprouts; return to boil and cook 6 to 8 minutes until just tender. Drain in colander and rinse with cold water to chill. *(Can be made ahead. Transfer to airtight container and refrigerate overnight.)*
2. Thinly slice brussels sprouts. Heat 12-inch nonstick skillet 1 minute over medium-high heat. (If using bacon, cook 4 minutes until crisp. Remove with slotted spoon and drain on paper towels; discard drippings.) Add brussels sprouts and cook, stirring, 2 to 3 minutes until heated through. Stir in prosciutto (or reserved bacon), lemon peel, salt and pepper. Transfer to serving bowl. Makes 12 servings.

PER SERVING		DAILY GOAL
Calories	40	2,000(F), 2,500(M)
Total fat	1 g	60 g or less (F); 70 g or less (M)
Saturated fat	5 g	20 g or less (F); 23 g or less (M)
Cholesterol	6 mg	300 mg or less
Sodium	235 mg	2,400 mg or less
Carbohydrates	5 g	250 g or more
Protein	4 g	55 g to 90 g
Calcium	22 mg	1,000 mg (F); 1,000 mg (M)

My Thanksgiving Memory

"I came to America from Thailand in 1979. Like the people on the *Mayflower*, I arrived with nothing, but I was able to open a restaurant in Plymouth by 1984. I wanted to give something back, and I thought an appropriate place to start would be Plimoth Plantation, the seventeenth-century living-history museum in town. Every Thanksgiving I bring the fifty 'pilgrims' working that night Thai food for dinner. It makes me feel very good."

Som Pit Whiting, chef/owner of Star of Siam restaurant, Plymouth, Massachusetts

GREEN ONION CORN BREAD

Your dinner plate won't be complete without a wedge of our buttermilk corn bread seasoned with green onions, bacon and Cheddar cheese.

Prep time: 15 minutes plus cooling
Baking time: 24 to 27 minutes ○

(continued)

Our BEST Thanksgiving Turkey

This time-tested technique for roasting a golden stuffed bird guarantees a proud centerpiece for your holiday table.

Prep time: 20 minutes plus standing
Roasting time: 4½ to 5 hours ◒ ▽

Mushroom-Herb Bread Stuffing (page 240)
1 whole turkey (18 lbs.), thawed if frozen
4 medium onions, quartered
3 celery ribs, cut into 3-inch pieces
3 carrots, cut into 3-inch pieces
3 garlic cloves, peeled
2 tablespoons butter or margarine, melted
1 teaspoon salt
½ teaspoon freshly ground pepper
¾ cup chicken broth
Perfect Turkey Gravy (page 254)

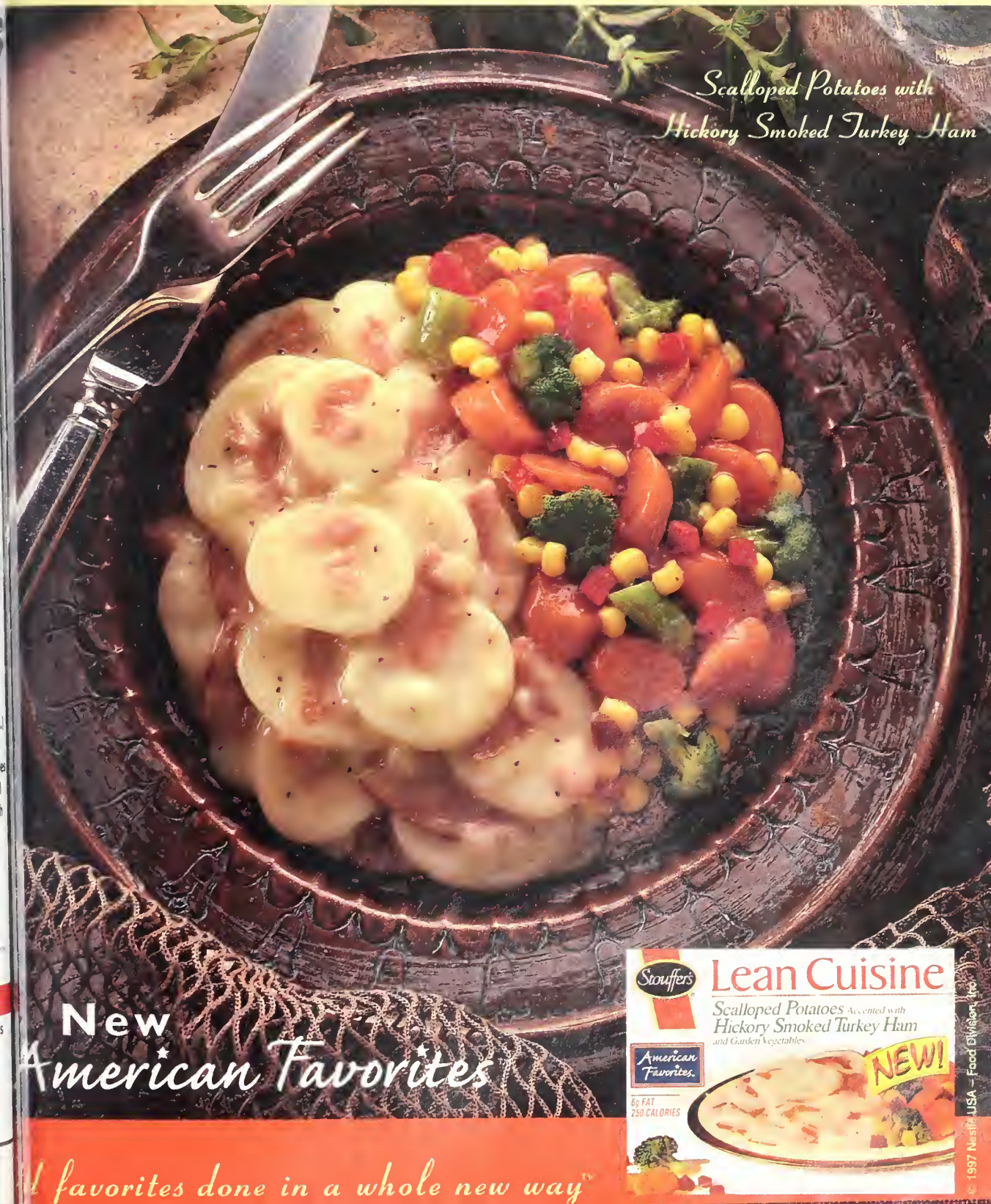
1. Prepare Mushroom-Herb Bread Stuffing as directed (do not bake).
2. Heat oven to 325°F. Remove all giblets from interior cavity of a thawed or fresh turkey; reserve neck and gizzard. Rinse and pat dry with paper towels. Loosely fill neck and body cavities with stuffing. (Transfer any remaining stuffing to a greased 8-inch square dish. Cover with foil and refrigerate.) Fold neck skin over back of turkey and fasten with skewers or toothpicks. Tie legs together with kitchen string.
3. Spread neck and gizzards, onions, celery, carrots and garlic in shallow roasting pan. Place turkey breast side up on top of vegetables; brush with melted butter. Sprinkle with salt and pepper. Roast 1 hour; stir broth into vegetables.
4. When skin is a light golden brown, about two thirds done (3 hours), shield breast loosely with a tent of foil to prevent overbrowning. One hour before turkey is ready, bake reserved stuffing.
5. Using our roasting guide, below, start testing for doneness ½ hour before end times. Insert metal stem section of an instant-read thermometer at least 2 inches into the inner thigh of the bird. Let stand 15 to 20 seconds until temperature reaches 180°F. To test the stuffing for doneness, insert thermometer into the center part of stuffing and let stand 15 to 20 seconds until the temperature is between 160°F. and 165°F. (If the turkey needs more roasting, remove the thermometer before returning the bird to the oven, thoroughly washing the stem section in hot soapy water after each use. Even if your turkey has a pop-up temperature device, the USDA recommends double-checking with another thermometer to be sure the turkey has reached its final temperature for safety and doneness.)
6. Transfer turkey to a serving platter (set aside pan drippings and vegetables for gravy); cover loosely and let stand 20 minutes before carving. Serve with Mushroom-Herb Bread Stuffing and Perfect Turkey Gravy. Makes 12 servings.

Per 3 oz. serving with 2 tablespoons gravy: 180 calories, 7 g total fat, 3 g saturated fat, 72 mg cholesterol, 227 mg sodium, 2 g carbohydrates, 26 g protein, 23 mg calcium

ROASTING GUIDE

Turkey Size	10 to 18 pounds	18 to 22 pounds	22 to 24 pounds
Serves	10 to 14	16 to 20	20 to 24
Stuffing Capacity	5 to 9 cups	9 to 11 cups	11 to 12 cups
Roast: Unstuffed	3 to 3½ hours	3½ to 4 hours	4 to 4½ hours
Stuffed	3¾ to 4½ hours	4½ to 5 hours	5 to 5½ hours

Your favorite American recipes have been around for over a hundred years. Here's an update.



BOUNTIFUL THANKSGIVING FEAST

Continued

3 slices bacon, chopped
1 3/4 cups yellow cornmeal
3/4 cup all-purpose flour
2 tablespoons sugar
1 1/2 teaspoons baking powder
1 teaspoon salt
3/4 teaspoon baking soda
1/4 teaspoon ground red pepper
2 cups buttermilk
2 large eggs
1/2 cup sliced green onions
2 tablespoons butter or margarine, melted
1 cup whole kernel frozen corn, thawed and coarsely chopped
1 cup shredded extra-sharp Cheddar cheese

1. Cook bacon in 10-inch cast-iron skillet until crisp. Remove bacon with slotted spoon to paper towels; reserve drippings in skillet.
2. Heat oven to 425°F. Combine cornmeal, flour, sugar, baking powder, salt, baking soda and red pepper in bowl. Whisk buttermilk, eggs, green onions and butter in large bowl until blended.
3. Stir buttermilk mixture into dry ingredients just until moistened; stir in bacon, corn and cheese just until blended.
4. Heat drippings 1 minute over medium heat. Remove skillet from heat; add batter, spreading evenly. Bake 24 to 27 minutes until toothpick inserted in center comes out clean. Cool on wire rack 30 minutes. Run a small knife around side of skillet and invert skillet onto rack. Remove pan. Invert corn bread again. *(Can be made ahead. Cool completely. Wrap well and freeze up to 2 weeks. Thaw at room temperature 4 hours. Reheat at 350°F. 20 minutes.)* Cut into wedges. Makes 12 servings.

PER SERVING		DAILY GOAL
Calories	240	2,000(F), 2,500(M)
Total fat	10 g	60 g or less (F); 70 g or less (M)
Saturated fat	5 g	20 g or less (F); 23 g or less (M)
Cholesterol	56 mg	300 mg or less
Sodium	495 mg	2,400 mg or less
Carbohydrates	29 g	250 g or more
Protein	8 g	55 g to 90 g
Calcium	161 mg	1,000 mg (F); 1,000 mg (M)

The BEST Mashed Potatoes

Follow our chart to whip up the perfect batch of fluffy spuds for any size gathering—complete with instructions for the potato masher, food mill, ricer or handheld mixer.

Prep time: 15 to 30 minutes
Cooking time: 16 to 18 minutes

Servings	Potatoes	Butter/Marg	Hot Milk	Salt	Pepper	Makes
8	2 lbs.	3 Tbs.	3/4 cup	1/4 tsp.	1/8 tsp.	4 cups
16	4 lbs.	6 Tbs.	1 1/2 cups	1/2 tsp.	1/4 tsp.	8 cups
24	6 lbs.	1/2 cup	2 to 2 1/4 cups	3/4 tsp.	1/2 tsp.	12 cups

METHOD:

Peel and cut potatoes into 1½-inch chunks. Bring potatoes with enough cold water to cover to boil in large saucepan or Dutch oven. Reduce heat to medium and cook 16 to 18 minutes until fork-tender. Drain in colander. Return potatoes to pan; cook over medium heat, stirring, 1 minute to dry. Mash as directed below.

Potato Masher: **Mash potatoes in pan. Melt butter; stir in with salt and pepper. Gradually stir in milk. Beat with large spoon 2 minutes until light and fluffy.**

Food Mill: **Press potatoes in batches through mill into large bowl. Melt butter; stir in with salt and pepper. Gradually stir in milk. Beat with large spoon 2 minutes until light and fluffy.**

Ricer: **Rice potatoes in batches into large bowl. Melt butter; stir in with salt and pepper. Gradually stir in milk. Beat with large spoon 2 minutes until light and fluffy.**

Handheld Mixer: **Transfer potatoes to large bowl. Melt butter; stir in with salt, pepper and milk on low speed until combined. Beat at high speed 2 minutes until light and fluffy.**

MAKE-AHEAD:

Transfer potatoes to large microwaveproof serving bowl; cool, stirring occasionally. Cover with plastic wrap. Refrigerate up to 2 days. To reheat, turn back one section of wrap to vent. Microwave, stirring halfway through, on High 9 minutes for 8 servings, 11 minutes for 16 servings and 13 minutes for 24 servings.

Per serving: 120 calories, 5 g total fat, 3 g saturated fat, 15 mg cholesterol, 128 mg sodium, 16 g carbohydrates, 3 g protein, 35 mg calcium



SOUR CREAM–APPLE PIE

This heavenly crumb pie is filled with Golden Delicious apples, apple brandy and delicate vanilla bean custard. Substitute 1 teaspoon vanilla extract fo the vanilla bean if desired.

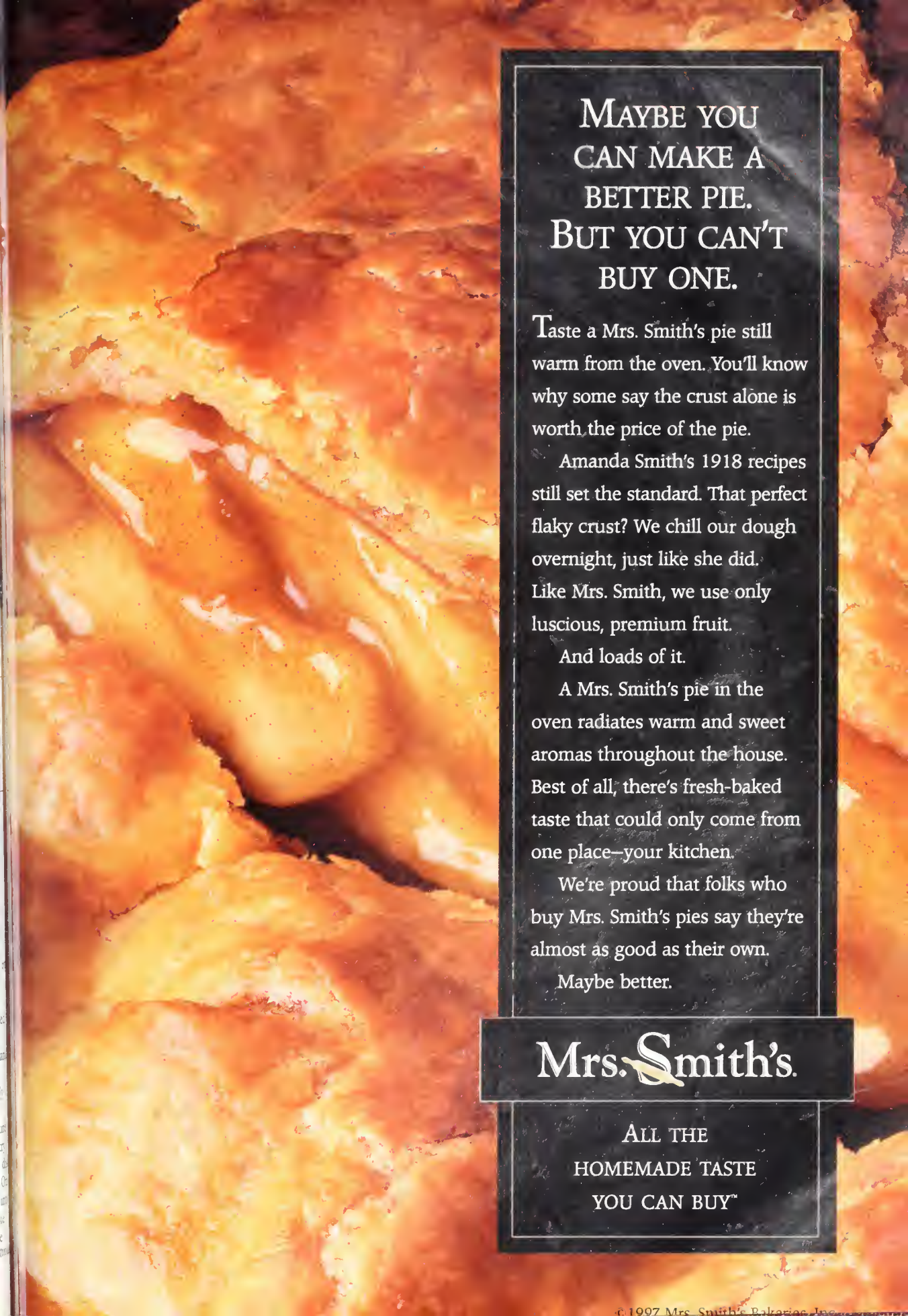
Prep time: 30 minutes plus chilling
Baking time: 50 to 55 minutes

Crust
1 1/2 cups all-purpose flour
1 tablespoon granulated sugar
1/4 teaspoon salt
5 tablespoons butter or margarine, cut up
2 tablespoons vegetable shortening
4 to 5 tablespoons ice water

Crumb Topping
1/2 cup all-purpose flour
1/4 cup firmly packed brown sugar
1/8 teaspoon nutmeg
1/8 teaspoon ginger
3 tablespoons butter or margarine

Filling
2 tablespoons apple brandy
1 vanilla bean, split, or 1 teaspoon vanilla extract
1/2 cup sour cream
1/2 cup plus 2 tablespoons granulated sugar
2 tablespoons flour
4 large Golden Delicious apples (2 lbs.), peeled, cored and cut in 1/2-inch wedges (6 cups)

1. *Make crust:* Pulse flour, granulated sugar and salt together in food processor to combine. Add butter an shortening; pulse until mixture resembles coarse crumbs. Gradually add ice water through feed tube, 1 tablespoon at a time, until mixture starts to hold together. Shape pastry into a ball and flatten into a thick dis Wrap and refrigerate 30 minutes. On lightly floured surface, roll pastry int 12-inch circle. Fit into a 9-inch pie plate, trim edges and flute. Freeze pastry shell 10 minutes. *(continu*



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Happy Holidays from LHJ



LHJ invites you to celebrate the holidays with our special Country Christmas issue, chock-full of the best ideas for:

Decorating From wrapping presents to hanging wreaths and trimming the tree, everything you need to make your house wonderfully warm and inviting.

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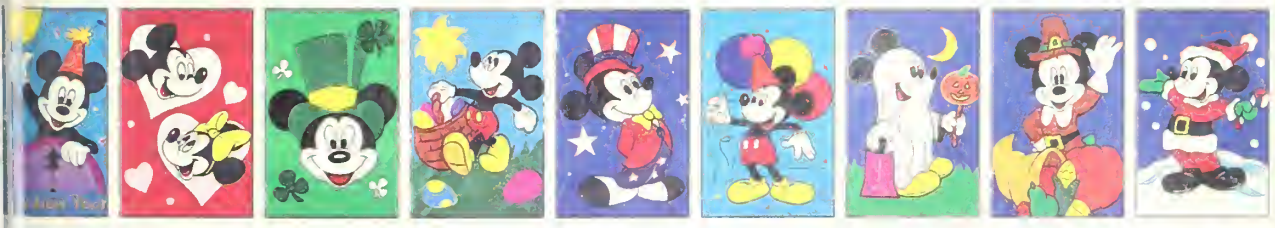
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Continued from page 246

2. Meanwhile, arrange rack in bottom third of oven. Heat oven to 425°F.
3. *Make Crumb Topping:* Combine flour, brown sugar, nutmeg and ginger in medium bowl. With pastry blender or 2 knives, cut in butter until mixture resembles coarse crumbs.
4. *Make filling:* Microwave brandy in microwaveproof cup on High 40 seconds until hot. If using vanilla bean, add and let stand 10 minutes. Combine sour cream, granulated sugar, flour (and vanilla extract, if using) in large bowl. Remove vanilla bean, reserving brandy; scrape seeds and stir into sour-cream mixture. Discard pod (or reserve for another use, such as flavoring granulated sugar). Add apples and reserved brandy, tossing to coat. Spoon filling into frozen pastry shell. Sprinkle Crumb Topping evenly over filling. Bake 15 minutes. Cover edges of crust loosely with foil. Reduce heat to 375°F. and bake 35 to 40 minutes more until filling is bubbly and topping is golden. Cool on wire rack 1 hour. *(Can be made ahead. Cool completely. Wrap well and freeze up to 2 weeks. Thaw at room temperature 4 hours. Reheat in 350°F. oven 15 minutes.)* Serve warm or at room temperature. Makes 8 servings.

PER SERVING		DAILY GOAL
Calories	435	2,000(F), 2,500(M)
Total fat	18.5 g	60 g or less (F); 70 g or less (M)
Saturated fat	10 g	20 g or less (F); 23 g or less (M)
Cholesterol	37 mg	300 mg or less
Sodium	196 mg	2,400 mg or less
Carbohydrates	65 g	250 g or more
Protein	4 g	55 g to 90 g
Calcium	35 mg	1,000 mg (F); 1,000 mg (M)

PUMPKIN PIE WITH PECAN CRUST

Sweet, delicate mascarpone cheese, pure maple syrup and a warm blend of spices make this pumpkin pie the best. The toasted pecan crust is a perfect match with the creamy filling.

Prep time: 50 minutes plus chilling
Baking time: 50 to 70 minutes ○ ❄

Pastry
- *¼ cup toasted pecans*
- *2 tablespoons granulated sugar*
- *1¼ cups all-purpose flour*
- *¼ teaspoon salt*
- *¼ cup butter or margarine, cut up*
- *2 tablespoons cold vegetable shortening*
- *3 tablespoons ice water*

Filling
- *1 cup (8 oz.) mascarpone cheese, stirred smooth, or 1 cup heavy or whipping cream*
- *1 can (16 oz.) solid pack pumpkin*
- *¼ cup pure maple syrup (no substitutions)*
- *½ cup firmly packed brown sugar*
- *3 large eggs*
- *1 teaspoon cinnamon*
- *½ teaspoon ginger*
- *¼ teaspoon salt*
- *¼ teaspoon nutmeg*
- *¼ teaspoon cloves*

1. *Make pastry:* Process pecans and granulated sugar in food processor until finely ground. Add flour, salt, butter and shortening; pulse just until mixture resembles coarse crumbs. Add ice water through feed tube, pulsing until pastry begins to hold together. Shape into a ball and flatten into a thick disk. Wrap and refrigerate 30 minutes.
2. Heat oven to 425°F. On a lightly floured surface, roll pastry into a 12-inch circle. Fit into a 9-inch pie plate, leaving a 1-inch overhang; flute edge. Prick bottom with tines of fork. Freeze pastry shell 10 minutes. Cover pastry shell with foil; fill with uncooked beans or rice. Bake 15 minutes. Remove foil and beans; reserve for another use. Reduce oven temperature to 350°F. Bake 12 to 15 minutes more until crust is golden. Cool completely on wire rack.
3. *Make filling:* Beat all ingredients in large mixer bowl on low speed; beat until smooth. Pour into prepared crust. Bake 50 minutes until pie is set in center. (If using cream in filling, bake 60 to 70 minutes. If edges of pastry brown too quickly, cover with foil.) Cool completely on wire rack. *(Can be made ahead. Wrap and freeze up to 1 week. Thaw at room temperature 4 hours. Reheat in 350°F oven 15 minutes.)* Makes 8 servings.

My Thanksgiving Memory

"I always wanted to bake a pumpkin pie for Thanksgiving just like my mom's. She never measured anything, so I tried to do it the same way. But the dough I made was so hard, I couldn't even roll it out! I took it to my mother for her advice, and she tossed it out the back door for the birds. As she began making a replacement pie, I took careful notes of everything she did—even the little variations here and there. Thirty-six years later, I was able to give my daughter-in-law the recipe. She has won six pie contests with it and that pie has become famous. It's the same one Mom and I made, but hers tastes twice as good to me because she's done all the work."

Jan Hoover, pumpkin-pie baker in Circleville, Ohio, site of the nation's largest pumpkin fair

PER SERVING		DAILY GOAL
Calories	435	2,000(F), 2,500(M)
Total fat	25.5 g	60 g or less (F); 70 g or less (M)
Saturated fat	13.5 g	20 g or less (F); 23 g or less (M)
Cholesterol	119 mg	300 mg or less
Sodium	241 mg	2,400 mg or less
Carbohydrates	45 g	250 g or more
Protein	7 g	55 g to 90 g
Calcium	110 mg	1,000 mg (F); 1,000 mg (M)

CRANBERRY-NUT TART

Tarts are the most elegant type of open-faced pies, and this dessert with ground almonds, pistachios and cranberries is no exception. The rich filling is almost candylike, so serve in small wedges.

Prep time: 20 minutes plus chilling
Baking time: 56 to 63 minutes ○ ❄

Pastry
- *1½ cups all-purpose flour*
- *¼ teaspoon salt*
- *½ cup butter, softened (no substitution)*
- *½ cup granulated sugar*
- *1 large egg yolk*
- *1 tablespoon ice water*

Filling
- *⅓ cup toasted shelled pistachios*
- *¼ cup whole blanched almonds*
- *1 cup granulated sugar, divided*
- *½ cup butter, softened (no substitution)*
- *2 large eggs*
- *3 tablespoons flour*
- *⅛ teaspoon almond extract*
- *1½ cups fresh or frozen cranberries*

Confectioners' sugar, for garnish

1. *Make pastry:* Combine flour and salt in medium bowl; set aside. Beat butter and granulated sugar in large mixer bowl at medium-high speed until creamy. Beat in egg yolk and water. With mixer at low speed, beat in dry ingredients just until mixture holds together. Flatten into a thick disk. Wrap well and refrigerate 1 hour or overnight.
2. Heat oven to 350°F. On a lightly floured surface, roll pastry into a 13-inch circle, ¼ inch thick. Fit into a 10-inch fluted tart pan with removable bottom. Fold in sides, trim edge of pastry and prick bottom with tines of fork. Freeze 10 minutes. Line pastry shell with foil; fill with dried beans or rice. Bake 8 minutes. Remove foil and beans; reserve for another use. Bake 8 to 10 minutes more until golden. Cool on wire rack.
3. *Make filling:* Process pistachios, almonds and ¼ cup granulated sugar in food processor until nuts are finely ground, about 1 minute. Add butter and ½ cup granulated sugar and process until combined, scraping sides of bowl once. Add eggs, flour and almond extract; pulse until blended. *(continued)*

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Campbell's® No Guilt Chicken Pot Pie

Prep Time: 10 min. Cook Time: 30 min.

- 1 can (10 3/4 oz.) Campbell's® Condensed 98% Fat Free Cream of Chicken Soup
- 1 pkg. (about 9 oz.) frozen mixed vegetables, thawed
- 1 cup cubed cooked chicken
- 1/2 cup milk
- 1 egg
- 1 cup Bisquick® Reduced Fat Baking Mix

1. Preheat oven to 400°F. In 9" pie plate mix soup, vegetables and chicken.
2. Mix milk, egg and baking mix. Pour over chicken mixture. Bake 30 min. or until golden. Serves 4.

8g fat per serving (traditional pot pie recipe, 43g fat per serving).

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erman Sweet Chocolate Pie

1 pkg. (4 oz.) BAKER'S GERMAN'S Sweet Baking Chocolate

1/3 cup milk, divided

4 oz. PHILADELPHIA BRAND Cream Cheese, softened

2 Tbsp. sugar

1 tub (12 oz.) COOL WHIP Whipped Topping, thawed

1 prepared graham cracker crumb crust (6 oz.)

MICROWAVE chocolate and 2 Tbsp. of lk in large microwaveable bowl on HIGH 1 1/2 to 2 minutes or until chocolate is lmost melted, stirring halfway through heating time. Stir until chocolate is completely melted.

BEAT in cream cheese, sugar and remaining milk with wire whisk until blended. Refrigerate 10 minutes. Gently stir in 3 1/2 cups of the whipped opping until smooth. Spoon into crust. FREEZE 4 hours. Let stand at room nperature 15 minutes before cutting pie. erve with remaining whipped topping. Store pie in freezer. Makes 8 servings.

Maybe you should skip the *turkey.*





BOUNTIFUL THANKSGIVING FEAST

Continued

4. Combine cranberries and remaining 1/4 cup granulated sugar in small bowl. Place pastry crust on a jelly-roll pan. Pour nut mixture into crust; smooth top with spatula. Sprinkle cranberry-sugar mixture over top. Bake 40 to 45 minutes until filling is set and golden. Cool on wire rack. Remove side of pan. *(Can be made ahead. Wrap and freeze up to 2 weeks. Thaw at room temperature 4 hours. Reheat in 350° F. oven 15 minutes.)* Sift confectioners' sugar over top of tart, if desired. Makes 12 servings.

PER SERVING		DAILY GOAL
Calories	360	2,000(F), 2,500(M)
Total fat	20 g	60 g or less (F); 70 g or less (M)
Saturated fat	10.5 g	20 g or less (F); 23 g or less (M)
Cholesterol	95 mg	300 mg or less
Sodium	213 mg	2,400 mg or less
Carbohydrates	42 g	250 g or more
Protein	5 g	55 g to 90 g
Calcium	27 mg	1,000 mg (F), 1,000 mg (M)

CINNAMON-MAPLE ICE CREAM

A rich homemade ice cream with cinnamon and maple syrup that can be served with any of our holiday desserts.

Total prep time: 15 minutes plus standing, chilling and freezing ○ ❄

2 cups heavy or whipping cream
2 cups milk
2 cinnamon sticks
1/4 cup sugar
1/4 teaspoon ground cinnamon
Pinch salt
5 tablespoons pure maple syrup
4 large egg yolks *(continued)*

My Thanksgiving Memory

"The most miserable Thanksgiving I ever spent was in 1977. I was in California and recently divorced, so our finances were pretty grim. Ashley and I slept on the floor of the living room in our tiny apartment. I couldn't afford a turkey, so I bought a chicken instead. The worst part was the emotional starvation—being away from my mom's in Kentucky, where we'd always spent Thanksgiving. To cheer up the girls, I suggested we go around the table and tell our favorite memories of being back home. Wynonna called it 'our pretend Thanksgiving.' Now we remember that year's dinner to appreciate the holiday—and we never, ever take a job that will keep us from Kentucky on Thanksgiving."

Naomi Judd, country music singer and author

Perfect Turkey Gravy

The addition of dried porcini mushrooms is the secret to this dark, rich-tasting gravy. To prevent lumps, add the liquid to the pan slowly over medium heat and whisk the gravy constantly as it cooks. (Want extra gravy for leftovers? Just double the recipe and substitute chicken broth for pan drippings if you don't have enough.)

Prep time: 10 minutes plus standing
Cooking time: 10 minutes ○

Pan drippings and vegetables from Our Best Thanksgiving Turkey (page 244)
2 packages (0.45 oz. each) dried porcini mushrooms
3/4 cup hot water
1/4 cup butter or margarine
1/4 cup all-purpose flour
1/2 teaspoon salt
1/4 teaspoon freshly ground pepper
1/4 teaspoon thyme
1 cup chicken broth

1. Pour reserved drippings and vegetables from roasting pan through a wire strainer into a 1-quart glass measure, pressing vegetables with back of spoon. Discard vegetables; skim off fat (see "Skimming The Fat," page 232). Set aside 1 cup drippings. (Note: Reserve any remaining drippings if you want extra gravy.)
2. Combine mushrooms and hot water in small bowl; let stand 15 minutes. Transfer mushrooms with slotted spoon to cutting board, reserving liquid. Coarsely chop mushrooms. Pour liquid through fine sieve lined with cheesecloth into bowl. Set both aside.
3. Melt butter in medium saucepan over medium heat. Add mushrooms; cook 3 minutes. Stir in flour, salt, pepper and thyme. Cook until mixture is lightly browned, about 2 minutes. Gradually whisk in reserved porcini liquid, pan drippings and chicken broth; bring to a boil. Reduce heat to medium-low, whisking until gravy is smooth. Simmer 5 minutes, stirring occasionally. Makes 2½ cups.

Double Layer Pumpkin Pie

Prep Time: 15 minutes

4 oz. PHILADELPHIA BRAND Cream Cheese, softened
1 cup + 1 Tbsp. cold milk
1 Tbsp. sugar
1 tub (8 oz.) COOL WHIP Whipped Topping, thawed
1 prepared graham cracker crumb crust (6 oz.)
1 can (16 oz.) pumpkin
2 pkg. (4-serving size) JELL-O Vanilla Flavor Instant Pudding & Pie Filling
1 tsp. ground cinnamon
1/2 tsp. ground ginger
1/4 tsp. ground cloves

1. In a large bowl, mix cream cheese, 1 Tbsp. milk and sugar with wire whisk until smooth. Gently stir in 1 1/2 cups whipped topping. Spread on bottom of crust.
2. In a second bowl, stir pumpkin, pudding mix and spices into remaining milk. Beat with wire whisk until well blended. (Mixture will be thick.) Spread over cream cheese layer.
3. Refrigerate 4 hours. Serve with remaining whipped topping. Makes 8 servings.

Gobble, gobble, gobble.



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Nov. 20

Friday
Nov. 2

Thursday
Nov. 27 Thanksgiving Day

Friday
Nov. 2



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)UNTIFUL THANKSGIVING FEAST

ıtinued

Combine cream, milk and
namon sticks in large saucepan.
at over medium-high heat until
ıture forms small bubbles around
ge of pan, 10 minutes. Remove
m heat and let stand 30 minutes.
ıcard cinnamon sticks.
Combine sugar, ground cinnamon
l salt in medium bowl; whisk in
ıp and yolks. Reheat cream mixture
il very hot. Slowly whisk half of hot
ım into egg mixture until blended.
urn mixture to saucepan. Cook,
ring, over medium heat until
ture is slightly thickened
0°F. on candy thermometer).
nsfer to bowl and refrigerate until
l, 2 hours or overnight.
Transfer custard to 2-quart ice-
ım maker and freeze according to
ıufacturers' directions. Transfer to
zer and freeze until firm, 2 hours
vernight. *(Can be made ahead.*
nsfer to freezer-proof container and
ze up to 1 week.) Makes 1 quart.

CUP		DAILY GOAL
es	330	2,000(F), 2,500(M
fat	26.5 g	60 g or less (F), 70 g or less (M,
ted fat	16 g	20 g or less (F), 23 g or less (M
sterol	196 mg	300 mg or less
n	74 mg	2,400 mg or less
ydrates	19 g	250 g or more
n	5 g	55 g to 90 g
m	135 mg	1,000 mg (F), 1,000 mg (M)

My Thanksgiving Memory

"I arrived in Bosnia in July 1996, one of four Americans assigned with other international Red Cross workers to distribute food to the elderly. Though we were sent to different regions of the country, we wanted to have Thanksgiving dinner together. The tragedy around us made it all the more important that we give thanks. Someone's mom E-mailed us the traditional recipes and we managed to round up some squash, green beans, potatoes, onions, chestnuts, pumpkins and a turkey-shaped meatloaf—there was no turkey to be had. Another of us got hold of a video of the previous year's Super Bowl. Our guests were from all over Europe, Canada, Mexico, India and Jordan, but mostly from Bosnia and Herzegovina. We all ate a lot and watched football. It felt like home."

Amy Mintz, American Red Cross worker, Zenica, Bosnia-Herzegovina

Recipes by Michele Peters, Jane Yagoda Goodman and Cynthia DePersio. Thanksgiving Memories compiled by Nao Hauser.

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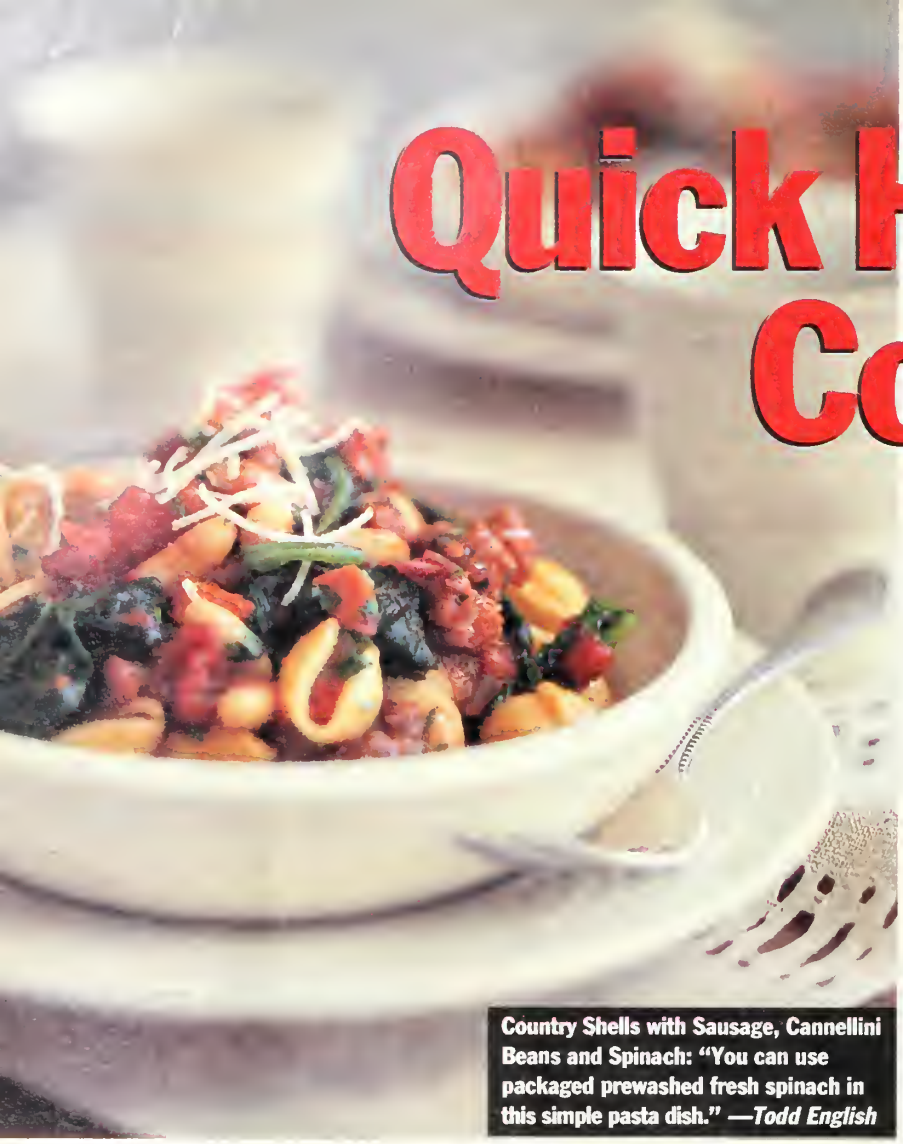
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Country Shells with Sausage, Cannellini Beans and Spinach: "You can use packaged prewashed fresh spinach in this simple pasta dish." —*Todd English*

We asked five of the top chefs in America what they fix for their families during the busier-than-ever holiday season. Here, their best speedy suppers, each one utterly delectable—and easily served up in under an hour

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COUNTRY SHELLS WITH SAUSAGE, CANNELLINI BEANS AND SPINACH

Budget Recipe of the Month

Todd English
Olives, Charlestown, Massachusetts
Figs, Charlestown, Boston, Wellesley and Chestnut Hill, Massachusetts

As parents of Oliver, seven, Isabelle, four, and Simon, nineteen months, Todd English and his wife, Olivia, know that weekday dinners can be hectic. Todd is the chef and owner of Olives—one of Boston's most popular restaurants, acclaimed for its stylish Mediterranean cuisine—as well as Figs, a chain of four other restaurants that serve designer pizzas and pastas. This quick and easy pasta, a Figs favorite, "is always a big hit with the kids," Todd says. Chock-full of sausage, spinach, tomatoes and cannellini beans, it's also the perfect hearty meal for the whole family. "I use dried cannellini beans at the restaurant, but to trim time, canned work equally well," he adds. "Try whatever pasta you have on hand. I use small pasta, like shells or penne, but spaghetti is great, too."

Prep time: 15 minutes ○
Cooking time: 36 to 43 minutes

1 pound hot Italian sausage links, casings removed
1 tablespoon olive oil
1 carrot, diced
1 celery rib, diced
1 Spanish onion, diced
½ cup red wine
1 can (16 oz.) whole tomatoes in juice, chopped (reserve juice)
2 tablespoons tomato paste
1 pound shells, penne, rigatoni or ziti
1 bag (10 oz.) fresh spinach
1 cup drained and rinsed canned cannellini beans or white beans
⅓ cup chopped fresh parsley
¼ cup freshly grated Parmesan cheese
2 tablespoons heavy or whipping cream
¼ teaspoon salt
⅛ teaspoon freshly ground pepper
Freshly grated Parmesan cheese, for garnish

1. Heat 12-inch skillet over medium-high heat 1 minute. Add sausage and cook, breaking up with spoon until browned, 11 minutes. Remove to paper towels to drain.
2. Discard drippings from skillet; wipe clean. Add oil and heat over medium heat. Stir in carrot, celery and onion; cook 6 to 7 minutes, until vegetables are tender. Stir in wine, tomatoes and juice, tomato paste and reserved sausage. Reduce heat to medium-low; simmer 15 to 20 minutes until sauce has thickened.
3. Meanwhile, start to cook pasta according to package directions. Drain; reserve ¼ cup pasta-cooking water.
4. Stir spinach, beans, parsley, Parmesan, cream, salt, pepper and reserved pasta water into *(continue*


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Have Yourself a Nutty Little Christmas

PLANTERS® PECAN CHOCOLATE CHIP PIE

- 3 eggs
- 1 cup light corn syrup
- 1 cup sugar
- 2 tbs. PARKAY spread, melted
- 1 tsp. vanilla extract
- 1/8 tsp. salt
- 1 cup PLANTERS Pecan Halves
- 1/2 cup semisweet chocolate chips
- 1 (9 inch) unbaked pastry shell

1. Beat eggs slightly in medium bowl; blend in corn syrup, sugar, spread, vanilla and salt.
2. Stir in pecan halves and chocolate chips, pour into pastry shell.
3. Bake at 400° for 15 minutes. Reduce temperature to 350°, bake for 25 to 30 minutes more or until browned and puffed across top.

PLANTERS

Allow to cool before serving.



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sauce. Cook over medium heat until hot and spinach has wilted, 3 to 4 minutes.
5. Toss sauce with pasta in large serving bowl. Garnish with additional grated Parmesan, if desired. Makes 6 servings.

PER SERVING		DAILY GOAL
Calories	625	2,000(F), 2,500(M)
Total fat	21.5 g	60 g or less (F); 70 g or less (M)
Saturated fat	7.5 g	20 g or less (F); 23 g or less (M)
Cholesterol	53 mg	300 mg or less
Sodium	968 mg	2,400 mg or less
Carbohydrates	76 g	250 g or more
Protein	29 g	55 g to 90 g
Calcium	201 mg	1,000 mg (F); 1,000 mg (M)

SAVANNAH JAMBALAYA

Elizabeth Terry
Elizabeth on 37th, Savannah, Georgia



Savannah Jambalaya: "For a great Southern slow-cooked flavor, use a good-quality smoked ham." —*Elizabeth Terry*

Since chef Elizabeth Terry and her husband, Michael, opened Elizabeth on 37th in 1981, their restaurant has won raves both for its contemporary approach to classic southern cooking as well as for its setting in an elegant turn-of-the-century Georgia mansion. This Creole rice dish is prepared with chicken, sausage and shrimp and is regularly served at the restaurant as a special. It is so easy to whip up, Elizabeth also prepares it at home for Michael and daughters Alexis, twenty-four, and Celeste, seventeen. "I cook everything except the shrimp in one pot," Elizabeth says. "So they won't overcook, I sauté the shrimp with green peppers and herbs at the last minute. Then I spoon them over the top of the jambalaya just before serving."

Prep time: 20 minutes
Cooking time: 33 to 40 minutes

4 tablespoons olive oil, divided
1 to 1¼ pounds boneless, skinless chicken thighs
½ pound hot Italian sausage links
2 tablespoons butter or margarine
¼ pound country-smoked ham or prosciutto ham, cut into ¼-inch di
1 cup finely chopped onions
1½ cups long-grain rice
1 can (28 oz.) tomatoes in juice, diced (reserve juice)
1 cup chicken broth
1 pound medium peeled and deveined shrimp
½ cup finely chopped green pepper
1 teaspoon thyme
1 teaspoon oregano
½ teaspoon freshly ground pepper
¼ teaspoon salt
Chopped fresh parsley, for garnish

1. Heat 1 tablespoon oil in medium Dutch oven over medium-high heat. Add chicken and sausage; cook, stirri occasionally, 8 to 10 minutes until browned. Transfer to cutting board with slotted spoon; cool and cut into 1-inch pieces. Set aside.
2. While the sausage cools, remove a but 1 tablespoon drippings from Du oven; add butter and melt over medium heat. Add ham and cook un browned, 3 to 5 minutes. Stir in oni and rice; cook 3 minutes. Add tomatoes and juice, broth and reserv chicken and sausage. Bring to a boil, cover and reduce heat to low. Cook until rice is tender and liquid is absorbed, about 25 minutes.
3. Meanwhile, combine remaining 3 tablespoons oil, shrimp, green pepper, thyme, oregano, pepper and salt in medium bowl. Cover with plastic wrap and refrigerate.
4. When rice is almost tender, heat large nonstick skillet over medium-high heat. Add shrimp mixture and cook, stirring occasionally, 3 to 5 minutes until shrimp is cooked through. Spoon shrimp over rice mixture. Garnish with parsley, if desired. Makes 6 servings.

PER SERVING		DAILY GOAL
Calories	640	2,000(F), 2,500(M)
Total fat	28.5 g	60 g or less (F); 70 g or less
Saturated fat	8 g	20 g or less (F); 23 g or less
Cholesterol	228 mg	300 mg or less
Sodium	1,263 mg	2,400 mg or less
Carbohydrates	47 g	250 g or more
Protein	47 g	55 g to 90 g
Calcium	120 mg	1,000 mg (F); 1,000 mg (M)

GINGER-AND-GARLIC-STUFFED CHICK BREASTS WITH PARSNIP-POTATO PU

Mark Peel and Nancy Silverton
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Baking with anything but Planters is just plain... well, you know.

This holiday season, don't settle for anything less than Planters® Baking Nuts. Only Planters are specially packaged to keep our pecans, walnuts and almonds so fresh, they're guaranteed. So you can be sure your nuts will be as fresh as whatever you're putting them into.



PLANTERS® HOLIDAY CHOCOLATE NUT SQUARES

Makes 16

- 1 1/2 sticks PARKAY Spread (3/4 cup)
- 3/4 cup Granulated Sugar
- 1 1/4 cups Flour
- 2 tbs. Heavy Cream
- 1 3/4 cups PLANTERS Pecans or Walnuts, coarsely chopped
- 1 cup Flaked Coconut
- 4 oz. Semi-Sweet Chocolate, coarsely chopped

1. Beat 1/2 cup spread and 1/4 cup sugar until creamy. Blend in flour. Press on bottom of an ungreased 9 x 9 x 2-inch baking pan. Bake at 350°F for 18 minutes or until edges are lightly browned.
2. Heat 1/2 cup sugar, 1/4 cup spread and heavy cream in saucepan, stirring until spread melts and mixture is blended. Stir in pecans; set aside.
3. Sprinkle coconut and chocolate over crust. Top with pecan mixture. Bake for 20 minutes more or until golden. Cool; cut into squares.

PLANTERS



QUICK HOME COOKING

Continued

As one of the most successful husband-and-wife cooking teams in California, Mark Peel and Nancy Silverton oversee the wildly popular Campanile restaurant—whose menu reflects the best fusion of Italian and California cuisines—and La Brea Bakery, which specializes in artisan breads and pastries. "My kids, Vanessa, fourteen, Ben, twelve, and Oliver, three, love it when I make this chicken dish," says Mark. "It's a variation of a recipe we use at the restaurant, but instead of a whole chicken, I roast chicken breast halves with the fragrant ginger-garlic butter. You get the same crispness and aromatic quality in half the time." The parsnip, potato and garlic puree is one of Mark's favorite side dishes and is a nifty variation on mashed potatoes.

Prep time: 20 minutes
Roasting time: 30 to 35 minutes

Ginger-Garlic Butter
- *2 tablespoons butter or margarine, softened*
- *2 tablespoons chopped fresh flat-leaf parsley*
- *1 teaspoon grated fresh ginger*
- *1 teaspoon minced garlic, mashed to a paste with side of knife*
- *1 teaspoon grated lemon peel*
- *¼ teaspoon salt*
- *⅛ teaspoon freshly ground pepper*

1 tablespoon olive oil
2 medium onions, sliced
4 chicken breast halves (2 to 2½ lbs.)

Parsnip-Potato Puree
- *1 pound parsnips, peeled*
- *1 pound all-purpose potatoes, peeled*
- *3 cloves garlic*
- *¾ cup milk or heavy or whipping cream*
- *3 tablespoons butter or margarine*
- *¼ teaspoon salt*
- *⅛ teaspoon white pepper*

Steamed green beans (optional)

Ginger-and-Garlic-Stuffed Chicken Breasts with Parsnip-Potato Puree: "Slipping the ginger-garlic butter under the skin is a speedy way to add flavor and moisture to the chicken." —*Mark Peel*



1. Heat oven to 425°F.
2. *Make Ginger-Garlic Butter:* Combine all ingredients in small bowl; refrigerate.
3. Meanwhile, brush jelly-roll pan with oil; add onions and toss. Gently separate skin from one end of each chicken breast. Spread one quarter Ginger-Garlic Butter under skin of each breast. Place chicken skin side up on top of onions. Roast 30 to 35 minutes, until chicken is cooked through and onions are softened.
4. *Make Parsnip-Potato Puree:* Meanwhile, cut parsnips and potatoes into 1-inch chunks. Place vegetable steamer in large Dutch oven; add 1 cup water. Arrange parsnips, potatoes and garlic in steamer. Cover Dutch oven and



hard to beat drumsticks



We're talking flavor here. Mix honey, fruit juice and prepared mustard to taste. Brush on. Bake 1 hr. at 350°. Pure gold. WARNING: Kids go crazy for these. (For more easy ideas, visit our web site at www.nhb.org)

simple. fast. honeyummy. Honey ®© NHB

ıg water to boil. Reduce heat to medium and steam
il vegetables are tender, 20 minutes.
Heat milk just to a boil in small saucepan; remove from
t and stir in butter. In batches, transfer parsnip-and-
ato mixture to ricer or food mill and press vegetables
› large bowl. Stir in milk mixture, salt and pepper.
ve with chicken and onions, and green beans, if desired.
kes 4 servings.

SERVING		DAILY GOAL
ıes	715	2,000(F), 2,500(M)
fat	38.5 g	60 g or less (F); 70 g or less (M)
ıted fat	16 g	20 g or less (F); 23 g or less (M)
sterol	176 mg	300 mg or less
m	586 mg	2,400 mg or less
hydrates	43 g	250 g or more
n	48 g	55 g to 90 g
ım	150 mg	1,000 mg (F); 1,000 mg (M)

SA-BAKED FISH WITH JICAMA SLAW
t Kitchen Favorite

Bayless
ıtera Grill and Topolobampo, Chicago, Illinois

ɛn Rick sits down to dinner with his wife, Deann, and
/ear-old daughter, Lanie, the meal isn't so different
ı the bold and flavorful Mexican fare that's made his
ıtera Grill and Topolobampo so famous. The
rasting richness of this dish of baked fish, potatoes and
ted chili-garlic salsa served with fresh and crunchy
na salad is typical of his cooking. "It reminds me of
tastes of summer," Rick says, "and it's great because
ust so simple." The chef uses a variety of firm white
fillets—whatever's available—and suggests that if

you're really pressed for time, you could buy a good quality salsa from the refrigerated or deli section of the supermarket and mix it with plenty of chopped fresh cilantro.

Prep time:
30 minutes ○○
Baking time: 20 minutes

4 large cloves garlic, unpeeled
2 large (1 oz.) jalapeño chiles
1½ pounds Yukon Gold or baking potatoes, scrubbed and cut into ¼-inch-thick slices
1 tablespoon olive oil
1½ teaspoons salt, divided
¼ teaspoon freshly ground pepper
1 can (28 oz.) whole plum tomatoes, drained
½ cup finely chopped white onion
⅓ cup chopped fresh cilantro
4 (4 to 5 oz. each) boneless, skinless fish fillets (snapper, grouper, halibut, mahimahi or sea bass)

Jicama Slaw
1 small (1 lb.) jicama, peeled
1 small (8 oz.) seedless cucumber, unpeeled *(continued)*

Salsa-Baked Fish with Jicama Slaw: "The microwave is terrific. I use it to precook the potatoes for a faster finish in the oven."
—Rick Bayless



a toast to honey



Top buttered toast with a squish of honey. To make it very tasty, sprinkle on a little nutmeg. To make it very pretty, top it with a little orange peel. A classic treat for the senses. (For more easy ideas, visit us at www.nhb.org)

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you can depend on it. Plus, fresh new patterns like Fruit Basket make Corelle all the more appetizing.

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Corning Consumer Products ... 1997

ntinued

3 tablespoons olive oil
3 tablespoons fresh lime juice
2 teaspoon salt
4 cup chopped fresh cilantro

Heat oven to 400° F. Arrange garlic chiles in small, heavy skillet. Cook to 12 minutes over medium heat, ing occasionally, until softened and ly charred. Cool.
Meanwhile, combine potatoes, oil, easpoon salt and pepper in a low 3-quart glass baking dish. er with plastic wrap, turning back corner to vent. Microwave on High l potatoes are fork-tender, ninutes.
While potatoes are cooking, remove ns from chiles and peel garlic. ess chiles, garlic and ¾ teaspoon in food processor, scraping sides of l, until finely chopped. Add atoes and pulse until coarsely chopped. Transfer to bowl; stir in onion and cilantro.
4. Uncover potatoes and top with fish; sprinkle remaining ¼ teaspoon salt over fillets. Spoon salsa over fish. Bake 20 minutes until fish flakes easily when tested with a fork.
5. *Make Jicama Slaw:* While fish bakes, cut jicama into ¼-inch-thick slices, then cut slices crosswise into ¼-inch-thick strips. Repeat process with cucumber. Whisk together olive oil, lime juice and salt in large bowl. Add jicama and cucumber strips and cilantro, tossing to coat.
6. Divide potatoes and fish among 4 serving plates. Serve with Jicama Slaw. Makes 4 servings.

PER SERVING		DAILY GOAL
Calories	495	2,000 F, 2,500 M
Total fat	16 g	60 g or less F, 70 g or less M
Saturated fat	2.5 g	20 g or less F, 23 g or less M
Cholesterol	47 mg	300 mg or less
Sodium	1,525 mg	2,400 mg or less
Carbohydrates	55 g	250 g or more
Protein	33 g	55 g to 90 g
Calcium	139 mg	1,000 mg F, 1,000 mg M

Journal Classic

nocchi à la Romaine • November 1960

ur simplified version of gnocchi—Italian dumplings—calls for ood old-fashioned grits instead of the more traditional otatoes. The addition of butter, milk and two types of cheese akes this melt-in-your-mouth side dish irresistibly rich!

ep time: 20 minutes plus chilling
king time: 25 to 30 minutes

quart milk
tablespoons butter or margarine, divided
cup old-fashioned or quick-cooking grits (not instant)
teaspoon salt
teaspoon freshly ground pepper
cup shredded Gruyère or Swiss cheese
tablespoons grated Parmesan cheese



Heat oven to 400°F. Bring milk and tablespoons butter to boil in large icepan. Gradually add grits, stirring istantly. Reduce heat to medium and ok, stirring constantly, until mixture s thickened, 6 to 12 minutes. Stir in t and pepper. Transfer mixture to ter bowl and beat on high speed until amy, 5 minutes. Pour into a greased llow 2-quart baking dish; cover and rigerate until firm, 15 minutes. Uncover; invert dish onto large cut- g board and unmold. Grease same ding dish with remaining 1 tablespoon butter. Cut grits into quarters, then cut each quarter into 4 squares to form 16 slices. Arrange in rows of overlapping slices. Sprinkle top with cheeses. Bake 25 to 30 minutes until top is lightly browned. Makes 6 servings.

Per serving: 360 calories, 21 g fat, 10 g saturated fat, 66 mg cholesterol, 16 g protein, 28 g carbohydrates, 14 g protein, 424 mg calcium

; READERS' CHOICE AWARDS PAGE 217 Photos: Ryder (a); Rose; Globe; Retna Ltd.; Berg; Schantz; Heche; Gory Booz Retna Ltd.; Pinkett; Fitzroy Barrett; Penn; Retna Ltd.

Add even more fruit to your meal.



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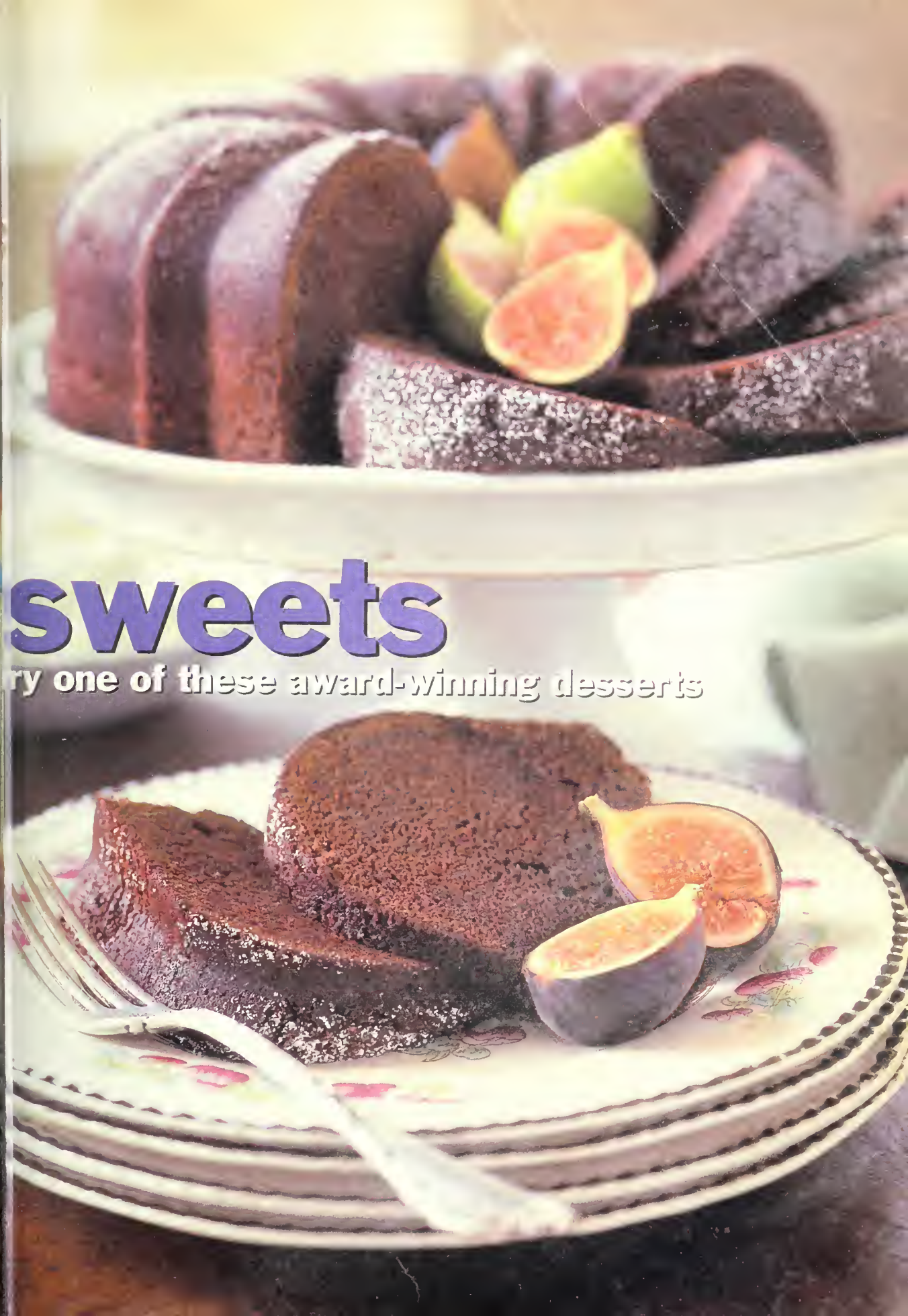
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four-star

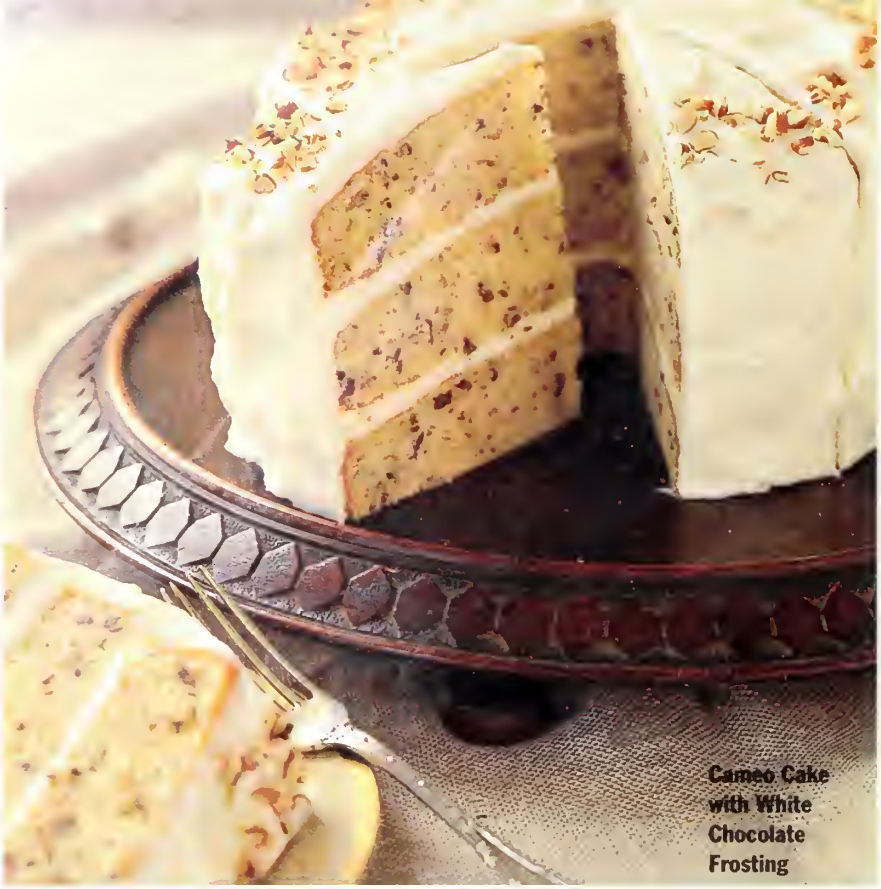
For a fabulous finale to any mea

Above: Good and Fattening Cheesecake. Right: Bourbon Chocolate Tipsy Cake



sweets

ry one of these award-winning desserts



Cameo Cake with White Chocolate Frosting

FOUR-STAR SWEETS

Continued

○ Easy ● Challenging ▼ Low-fat
◒ Moderate ⊙ Microwave ▽ Low-calorie
❄ Can be frozen up to 1, 3, 6, or 9 months

CAMEO CAKE WITH WHITE CHOCOLATE FROSTING

From *Stop and Smell the Rosemary*
The Junior League of Houston, Inc.
Houston, Texas
Indulgent But Worth It

As big and beautiful as the state of Texas, this towering white chocolate–toasted pecan layer cake is pure indulgence. Tip: Chilling the frosting until firm makes it easy to spread.

Prep time: 40 minutes plus chilling ◒ ⊙ ❄1
Baking time: 30 to 35 minutes

Cake
- *3½ cups all-purpose flour, divided*
- *1 cup chopped toasted pecans*
- *2 cups granulated sugar*
- *1½ teaspoons baking soda*
- *½ teaspoon salt*
- *1 cup unsalted butter, cut up (no substitutions)*
- *¾ cup water*
- *4 ounces white chocolate squares, coarsely chopped*
- *1½ cups buttermilk*
- *4 large eggs, lightly beaten*
- *1½ teaspoons vanilla extract*

White Chocolate Frosting
- *4 ounces white chocolate squares, coarsely chopped*
- *1 package (8 oz.) plus 1 package (3 oz.) cream cheese, softened*
- *5 tablespoons unsalted butter or margarine, cut up*
- *3 cups confectioners' sugar, sifted*
- *1½ teaspoons vanilla extract*

Chopped toasted pecans, for garnish

1. Heat oven to 350°F. Grease and lightly flour three 9-inch round cake pans; tap out excess flour. Line bottoms with wax paper.
2. *Make cake:* Combine ½ cup flour and pecans in small bowl. Combine remaining 3 cups flour, granulated sugar, baking soda and salt in large bowl. Set both aside.
3. Bring butter and water to boil in medium saucepan, stirring occasionally, until butter melts. Remove from heat; stir in chocolate until melted. Stir in buttermilk, eggs and vanilla until blended. Gradually whisk chocolate mixture into dry ingredients until smooth; fold in pecan mixture. Pour into prepared pans. Bake 30 to 35 minutes, until toothpick inserted in center of cakes comes out clean. Cool in pans on wire racks 10 minutes. Unmold cakes onto racks and cool completely.
4. *Make White Chocolate Frosting:* Microwave chocolate in small microwaveproof bowl on High 1½ minutes until almost melted; stir until smooth. Cool slightly 10 minutes. Meanwhile, beat cream cheese and butter in large mixer bowl at medium-high speed until light and fluffy. Beat in melted chocolate. Gradually add confectioners' sugar and vanilla; beat, scraping down sides of bowl with rubber spatula, until frosting is completely smooth. Refrigerate 1 hour until frosting is firm and spreadable.
5. Place 1 cake layer on serving plate and spread top with ¾ cup frosting. Top with second layer and another ¾ cup frosting. Top with third layer and spread top and sides with remaining frosting. Garnish with chopped pecans around the edge, if desired. Cover cake loosely and refrigerate overnight. *(Can be made ahead. Wrap well and freeze up to 1 month. Thaw at room temperature 2 to 3 hours.)* Makes 16 servings.

PER SERVING		DAILY GOAL
Calories	660	2,000(F), 2,500(M)
Total fat	33.5 g	60 g or less (F); 70 g or less (M)
Saturated fat	17.5 g	20 g or less (F); 23 g or less (M)
Cholesterol	116 mg	300 mg or less
Sodium	300 mg	2,400 mg or less
Carbohydrates	84 g	250 g or more
Protein	8 g	55 g to 90 g
Calcium	90 mg	1,000 mg (F); 1,000 mg (M)

BOURBON CHOCOLATE TIPSY CAKE

From *Come On In!*
Junior League of Jackson
Jackson, Mississippi

This super-moist and decadent chocolate bundt cake is sweet but not overwhelming. Plan to bake it at least day ahead, as the bourbon flavor mellows with standing.

Prep time: 25 minutes ○ (
Baking time: 70 to 75 minutes

- *2 cups all-purpose flour*
- *1 teaspoon baking soda*
- *½ teaspoon salt*
- *1 tablespoon unsweetened cocoa*
- *3 ounces unsweetened chocolate squares*
- *2 ounces German sweet chocolate squares*
- *¼ cup instant coffee*
- *2 tablespoons boiling water*
- *½ cup plus 2 tablespoons bourbon, divided*
- *1 cup unsalted butter, softened (no substitutions)*
- *2 cups granulated sugar*
- *3 large eggs*
- *1½ teaspoons vanilla extract*
- *1 tablespoon confectioners' sugar*

(continued)

Baker's®

DECEMBER

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Baker's® One Bowl™ German Sweet Chocolate Brownies

Prep: 15 minutes Bake: 35 minutes

1 pkg. (4 oz.) BAKER'S GERMAN'S® Sweet Baking Chocolate
1/4 cup (1/2 stick) butter or margarine
3/4 cup firmly packed brown sugar, divided
2 eggs
1/2 cup flour
1 cup chopped pecans or walnuts, divided, optional*
1 1/3 cups (3 1/2 oz.) BAKER'S ANGEL FLAKE® Coconut
1/4 cup milk

• **HEAT** oven to 350° F (325° F for glass baking dish). Grease bottom and sides of 8-inch square pan.

• **MICROWAVE** chocolate and butter in large microwavable bowl on HIGH 1 1/2 minutes or until butter is melted. Stir until chocolate is completely melted. (Or melt chocolate and butter in small heavy saucepan over low heat, stirring constantly until chocolate is melted and smooth.)

• **STIR** 1/2 cup of the brown sugar into chocolate until well blended. Mix in eggs. Stir in flour and 1/2 cup of the pecans until well blended. Spread in prepared pan.

• **MIX** coconut, remaining brown sugar and pecans in same bowl. Stir in milk until well blended. Spoon evenly over brownie batter.

• **BAKE** 35 minutes or until toothpick inserted in center comes out with fudgy crumbs. DO NOT OVERBAKE. Cool in pan. Makes 16 fudgy brownies.

* If omitting nuts, increase coconut to 2 2/3 cups (one 7-oz. pkg.)

7 K oods, Inc.



Chocolate-Almond Terrine with Raspberry Puree

6. *To serve:* Sift confectioners' sugar on top of cake. Serve with fresh figs and whipped cream, if desired. Makes 12 servings.

PER SERVING WITHOUT WHIPPED CREAM		DAILY GOAL
Calories	440	2,000(F), 2,500(M)
Total fat	23 g	60 g or less (F); 70 g or less (M)
Saturated fat	13.5 g	20 g or less (F); 23 g or less (M)
Cholesterol	96 mg	300 mg or less
Sodium	224 mg	2,400 mg or less
Carbohydrates	55 g	250 g or more
Protein	5 g	55 g to 90 g
Calcium	23 mg	1,000 mg (F); 1,000 mg (M)

CHOCOLATE-ALMOND TERRINE WITH RASPBERRY PUREE

From *Heart & Soul*
Junior League of Memphis
Memphis, Tennessee

This gorgeous terrine is the perfect chocolate dessert, and all you need is a standard loaf pan to make it. The raspberry puree with almond liqueur is a light and refreshing counterpoint to the chocolate.

Total prep time: 40 minutes plus chilling and freezing ◒ ❄

Chocolate Terrine
- *3 large egg yolks*
- *2 cups heavy cream, divided*
- *2 boxes (8 oz. each) semisweet chocolate squares, coarsely chopped*
- *½ cup light corn syrup*
- *½ cup butter or margarine, cut up*
- *¼ cup confectioners' sugar*
- *1 teaspoon vanilla extract*
- *¼ teaspoon almond extract*

Raspberry Puree
- *1 bag (12 oz.) frozen raspberries, thawed*
- *2 tablespoons granulated sugar*
- *¼ cup light corn syrup*
- *2 tablespoons almond-flavored liqueur*

- *1 tablespoon unsweetened cocoa*
- *1 teaspoon confectioners' sugar*
- *Fresh raspberries and mint leaves, for garnish*

1. Line bottom and sides of an 8½x4½-inch loaf pan with plastic wrap.
2. *Make Chocolate Terrine:* Whisk egg yolks and ½ cup cream in small bowl. Combine chocolate, corn syrup and butter in 3-quart saucepan. Cook over medium heat, stirring, until chocolate is melted. Stir in egg mixture and cook 3 minutes more, stirring constantly, until mixture is slightly thickened; transfer to large bowl. Refrigerate *(continued)*

FOUR-STAR SWEETS

Continued

Fresh figs and sweetened whipped cream, for garnish

1. Heat oven to 325°F. Combine flour, baking soda and salt in medium bowl. Butter a 12-cup bundt pan. Sift cocoa along bottom and sides of pan to coat.
2. Combine chocolates in medium microwaveproof bowl. Microwave on High 1½ minutes until almost melted; stir until smooth. Cool slightly, 2 to 3 minutes.
3. Dissolve coffee in boiling water in 2-cup glass measure; add enough cold water to equal 1½ cups. Stir in ½ cup bourbon.
4. Beat butter and granulated sugar in large mixer bowl at medium-high speed until creamy. Beat in eggs, 1 at a time, beating well after each addition. Beat in melted chocolate and vanilla. With mixer at low speed, add dry ingredients alternately with bourbon mixture, beginning and ending with dry ingredients just until blended.
5. Pour batter into prepared pan. Bake 70 to 75 minutes, until toothpick inserted in center of cake comes out clean. Cool cake in pan on wire rack 15 minutes. Invert onto rack, unmold and cool completely. Brush top and sides with remaining 2 tablespoons bourbon. *(Can be made ahead. Tightly wrap and store at room temperature up to 2 days.)*

FOR THE GOOD OF THE COMMUNITY

Junior Leagues and other local nonprofit organizations have raised money by creating and selling community cookbooks for decades—since the Civil War, in fact. According to culinary historian Jan Longone, the earliest published recipe collections were compiled and sold by Ladies' Aid Societies to raise money for wounded men and their families. The custom continued even after the war, as there remained no shortage of worthy community causes.

Yet these cookbooks—a time-honored, solely American tradition—provide another benefit you can't put a price on: They are as diverse as the places from which they spring, and they have helped preserve regional cooking styles and food cultures that otherwise might not have lasted.

The luscious dessert recipes featured here (see page 232 for Coconut Macaroons) appeared in collections that won the McIlhenny Company Tabasco Community Cookbook Awards—they are the best of the best. To find out more about the books or their respective organizations, contact:

- **GULF COAST HERITAGE ASSOCIATION, Osprey, Florida, 941-966-5214; *Historic Spanish Point: Cooking Then and Now* (Coconut Macaroons).**
- **THE JUNIOR LEAGUE OF HOUSTON, INC., Houston, Texas, 800-432-2665; *Stop and Smell the Rosemary* (Cameo Cake with White Chocolate Frosting).**
- **JUNIOR LEAGUE OF JACKSON, Jackson, Mississippi, 800-380-2870; *Come On In!* (Bourbon Chocolate Tipsy Cake).**
- **JUNIOR LEAGUE OF MEMPHIS, Memphis, Tennessee, 901-452-2151; *Heart & Soul* (Chocolate-Almond Terrine with Raspberry Puree).**
- **SOUTHWEST MUSEUM, Los Angeles, California, 213-221-2164; *Southwest Cooks!* (Caramelized Coffee Flan).**
- **THE LADIES' VILLAGE IMPROVEMENT SOCIETY, East Hampton, New York, 516-324-1220; *The East Hampton L.V.I.S. Centennial Cookbook* (Good and Fattening Cheesecake).**

—Sarah P. Bas

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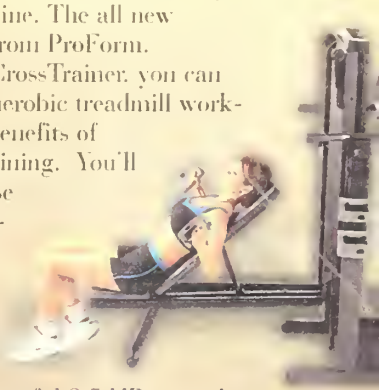
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Caramelized Coffee Flan

FOUR-STAR SWEETS

Continued

chocolate mixture 20 minutes, stirring every 5 minutes until cooled to room temperature.

3. Beat remaining 1½ cups cream, confectioners' sugar, vanilla and almond extracts in mixer bowl to soft peaks. With rubber spatula, fold into chocolate mixture until thoroughly combined. Pour into prepared pan; smooth top with spatula. Cover and freeze overnight. *(Can be made ahead. Cover and freeze up to 2 weeks.)*

4. *Make Raspberry Puree:* Puree raspberries and sugar in blender. Strain through fine sieve into bowl; discard seeds. Stir in corn syrup and liqueur. *(Can be made ahead. Cover and refrigerate up to 3 days.)*

5. *To serve:* Combine cocoa and confectioners' sugar in cup. Uncover top of terrine and place serving platter on top of pan. Holding bottom of platter and pan, invert terrine and remove pan. Carefully peel off plastic wrap. Smooth top and sides of terrine with spatula; sift cocoa-sugar mixture evenly over top. Garnish with raspberries and mint leaves, if desired. Serve with Raspberry Puree. Makes 12 servings.

PER SERVING		DAILY GOAL
Calories	515	2,000(F), 2,500(M)
Total fat	35 g	60 g or less (F); 70 g or less (M)
Saturated fat	21 g	20 g or less (F); 23 g or less (M)
Cholesterol	128 mg	300 mg or less
Sodium	124 mg	2,400 mg or less
Carbohydrates	54 g	250 g or more
Protein	3 g	55 g to 90 g
Calcium	51 mg	1,000 mg (F); 1,000 mg (M)

CARAMELIZED COFFEE FLAN

From *Southwest Cooks!*
Southwest Museum
Los Angeles, California

Thanks to the sweetened condensed milk, this is the easiest custard dessert you'll ever make.

Prep time: 25 minutes plus chilling
Baking time: 1½ hours

¾ cup sugar
1 teaspoon instant coffee
Boiling water
2 large eggs
2 large egg yolks
1 can (14 oz.) sweetened condensed milk
1 cup milk
Chocolate espresso bean candies, for garnish

1. Heat oven to 325°F. Fill a 1-quart baking dish with hot water; set aside.
2. Heat ¼ cup sugar in small skillet over medium heat. Cook, stirring occasionally, until sugar is melted and golden, 4 minutes. Stirring frequently, add remaining ½ cup sugar, ¼ cup at a time, until sugar melts and caramel turns amber-colored after each addition.
3. Discard water from baking dish; wipe dry. Immediately pour caramelized sugar into warm dish, tilting dish to coat bottom; let stand until cool, 20 minutes.
4. Dissolve coffee in 1 tablespoon boiling water in cup. *(continued)*

"Amazing what pumpkins are turning into these days."



This magical twist on pumpkin pie starts with the smooth texture of Domino Confectioners Sugar – the very same confectioners sugar you've always trusted to make the creamiest, homemade frostings.

No-Bake Pumpkin Cream Pie

1 ½ cups Domino Confectioners Sugar
1 (8 oz.) pkg. cream cheese, softened
4 Tbsp. (½ stick) butter, softened
1 Tbsp. vanilla
1 tsp. pumpkin pie spice
1 (16 oz.) can pumpkin
1 (9-inch) prepared graham-cracker crust
1 cup heavy cream, whipped (optional)

Beat: sugar, cream cheese, butter, vanilla, and pumpkin pie spice with electric mixer 1–2 minutes, until fluffy.
Add: pumpkin until blended.
Spoon into pie crust.
Chill: 6 hours or overnight.
Serve with whipped cream as desired.
Makes 1 pie or 8 servings.
Tip: ½ tsp. cinnamon, ¼ tsp. nutmeg, ⅛ tsp. ginger, and ⅛ tsp. cloves can be substituted for pumpkin pie spice.



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Do at least one thing quickly this holiday season.



Sun-Maid Raisin Rice Pilaf

(Preparation time: 15 minutes)

1 tablespoon butter
½ cup chopped onion
¼ cup slivered almonds
2 cups instant rice (5-minute cook)
1 can (14.5 oz.) chicken broth
¼ cup water
⅔ cup **Sun-Maid® Raisins**
2 teaspoons grated lemon peel
Garnish with chopped fresh parsley

Easy as

1. Melt butter in a saucepan over medium heat. Add onion and almonds, stirring frequently until toasted, 6–7 minutes. Stir in rice.
2. Slowly add broth, water, raisins and lemon peel. Bring to a boil. Cover; remove from heat and let stand 5 minutes or until water is absorbed.
3. Fluff with a fork. Garnish with parsley. Makes 4½ cups.

For more recipes — www.sunmaid.com





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FOUR-STAR SWEETS

Continued

Whisk together eggs and egg yolks in medium bowl. Whisk in condensed milk, milk and dissolved coffee until well blended.

5. Set baking dish in a roasting pan. Pour egg mixture into dish, then fill roasting pan with enough boiling wa to come halfway up sides of baking dish. Tent roasting pan loosely with foil. Bake 1½ hours, until a small kn inserted in center of flan comes out clean. Carefully remove flan from wa bath; transfer to wire rack to cool, 1 hour. Cover and refrigerate overnight. *(Can be made ahead. Refrigerate up to 3 days.)*

6. *To serve:* Run a small knife aroun edge of flan to loosen. Uncover flan and place serving platter over baking dish. Holding bottom of platter and baking dish, invert flan; remove dish Pour any remaining caramel from dish over top of flan. Garnish with chocolate espresso bean candies, if desired. Makes 8 servings.

PER SERVING		DAILY GOAL
Calories	285	2,000(F), 2,500(M)
Total fat	8 g	60 g or less (F); 70 g or less
Saturated fat	4 g	20 g or less (F); 23 g or less
Cholesterol	127 mg	300 mg or less
Sodium	96 mg	2,400 mg or less
Carbohydrates	47 g	250 g or more
Protein	7 g	55 g to 90 g
Calcium	189 mg	1,000 mg (F); 1,000 mg (M)

GOOD AND FATTENING CHEESECAK

From *The East Hampton L.V.I.S. Centennial Cookbook*
The Ladies' Village Improvement Society, East Hampton, New York

Get ready, because when it comes t cheesecake, it doesn't get any better than this! The extra-thick graham-cracker-cookie crust and luscious cheese filling make every bite heaver

Prep time: 15 minutes
Baking time: 50 minutes plus stand and chilling

Crust
2½ cups graham cracker crumbs
⅔ cup sugar
½ cup butter or margarine, melted

Filling
2 packages (8 oz. each) cream chee softened
¾ cup sugar
3 large eggs
2¼ cups sour cream
1 tablespoon vanilla extract
1½ teaspoons fresh lemon juice

1. Heat oven to 325°F. Lightly but a 10-inch springform pan.

2. *Make crust:* Combine cracker crumbs, sugar and butter in small bowl until crumbs are moistened. Pat crumbs evenly over bottom and 1½ inches up side of prepared pan. Set aside.
3. *Make filling:* Beat cream cheese and sugar in large mixer bowl at medium-high speed, scraping down sides of bowl with rubber spatula, until mixture is completely smooth. Add eggs, 1 at a time, beating well after each addition. With mixer at low speed, beat in sour cream, vanilla and lemon juice just until blended.
4. Pour filling into prepared pan. Bake 50 minutes. Turn off oven (leave oven door closed) and let cheesecake stand in oven 30 minutes more. Cool cheesecake on wire rack 1 hour, then refrigerate 3 hours until chilled. *(Can be made ahead. Cover and refrigerate overnight, or freeze up to 2 weeks. If frozen, thaw at room temperature 3 to 4 hours before serving.)* Run small knife around edge of pan and remove sides. Makes 16 servings.

Per serving: 380 calories 25 g total fat 14 g saturated fat 101 mg cholesterol 287 mg sodium 34 g carbohydrates 6 g protein 107 mg calcium ●



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A world of breads

SIX DELICIOUS NEW TRENDS

The seventies brought us quiche; in the eighties, we feasted on pesto. Here's what every cook needs to know about the foods that are captivating America's palate right now By Karen MacNeil

The other day, while standing on a sidewalk in Seattle, I overheard two teenage girls discussing their favorite sushi.

Sushi? When I was that age, the world of seafood was pretty much summed up by Starkist.

But then, that's the funny thing about food trends in America. Not only are they deliciously unpredictable, but many aren't really trends at all. The famous fashion designer Coco Chanel always made a distinction between fashion (that which was temporary) and style (that which endured). Similarly, the best food "trends" go far beyond fly-by-night fads. They're seismic shifts in the culinary landscape.

The following are six scrumptious examples of how we're changing what we eat.

THE ETHNIC BREAD EXPLOSION

About twenty years ago, I walked into a New York deli and ordered my first bagel—with cottage cheese. Judging from the bemused grimace on the counterman's face, I knew I'd made a mistake. I quickly changed my order. "A bagel with sour cream," I requested politely.

Many thousands of bagels later, I know that a bagel's true soul mate is a schmear (of cream cheese). But in any case, I could never make such a mistake now. Bagels, once the beloved mainstay of Jewish neighborhoods, have gone mainstream. Today there are five major bagel chains nationwide and more than 5,200 bagel stores.

Moreover, the universe of bagel flavors is expanding fast. Bagels now come in every permutation from jalapeño to chocolate chip. I even spotted a peanut-butter bagel recently. It came with—what else?—a jelly schmear.

Bagels, of course, are only the beginning. Our love affair with ethnic breads now includes focaccia and a whole slew of other Italian country breads, plus flatbreads from the Middle East, scones and crumpets from England and dozens of unusual breads made every day in home bread machines across the country.

But perhaps the most versatile new bread of all is the good old-fashioned Mexican tortilla. Rechristened a "wrap," today's tortilla now comes oversized in a variety of flavors from spinach to sun-dried tomato. And inside? Good-bye beans and rice. Everything from Thai chicken salad to eggplant parmigiana now gets wrapped up.

Try this: Into a large herb-garlic tortilla, spoon a variety of sautéed vegetables; top with a sprinkle of herbs and a dollop of low-fat sour cream, then roll up. Brush a skillet with olive oil and sauté the wrap for about 5 minutes, turning, until it begins to turn golden and the vegetables are warmed through.

EATING GREEN

Until recently, most of us thought about vegetables as accessories—the scarf, not the dress. Every dinner plate in America proved this. The vegetables (often frozen or canned) sat off to one side in whatever small space was not occupied by something more important—like meat.

Today, the reverse is true. We're in the midst of a veritable vegetable revolution. Supermarket produce sections are getting larger. Farmers' markets have swept the country. The number of exotic *(continued)*

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ure beats visions of sugar plums.



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ck Forest Chocolate Cheesecake
es one 9-inch cheesecake)

ups chocolate cookie crumbs
lespoons margarine *or* butter, melted
ounce) packages cream cheese, softened
4-ounce can) Eagle® Brand Creamy
ocolate Sweetened Condensed Milk
T evaporated milk)
gs
lespoons cornstarch
spoon almond extract
-ounce) can cherry pie filling, chilled

Preheat oven to 300°F. Combine crumbs and margarine; press firmly on bottom of 9-inch springform pan. In large mixer bowl, beat cheese until fluffy. Gradually beat in sweetened condensed milk until smooth. Add eggs, cornstarch and almond extract; mix well. Pour into prepared pan. Bake 55 minutes, or until center is set. Cool; chill. Top with cherry pie filling before serving. Refrigerate leftovers.

Look for recipes on top of every can.



How Delicious Traditions Are Made.

vegetables now available to cooks is growing like a weed, and vegetable cookbook sales are booming.

Restaurants are in on the action, too. A few months ago, for example, I called several restaurants in Los Angeles and New York, the sort of places in which business people have expense-account lunches. And what are the power brokers dining on?

Yes, vegetables. And not a plate of steamed broccoli, either. Chefs are creating more exciting vegetable dishes than ever, often using specialty vegetables such as blue Peruvian potatoes, golden beets and purple peppers. Plus, restaurants reported that the people who order vegetable dishes as their main course are increasingly a) men and b) not vegetarians.

We've begun to love vegetables for the best reason of all—because, when properly cooked, they taste great. In fact, many chefs, including Thomas Keller, who won the James Beard award for Outstanding Chef in the Nation in 1997, offers $65 all-vegetable tasting dinners at his Napa Valley restaurant, The French Laundry.

I'll admit that while I've always loved vegetables, I tended to be pretty straightforward in my cooking of them. Not anymore. I was inspired to invest in one of the best vegetable cookbooks ever written—*Chez Panisse Vegetables* by Alice Waters (HarperCollins, 1996), the chef many credit with sparking the specialty vegetable movement.

SPICE IS NICE

My grandmother had three spices in her kitchen cupboard: salt, pepper, and cinnamon (for toast). I have at least fifty more, including things she could never have dreamed of: cardamom pods, tamarind, star anise and—best of all—chiles.

Red and green, big and small, fresh and dried, ground up and whole, chiles have become so beloved by American taste buds that supermarkets now carry dozens of innocent-looking (you're fooled only once) firebombs from all over Asia as well as Mexico and South America.

Our love affair with things hot is part of a larger trend to bolder foods. The American Spice Trade Association reports that spice consumption in the U.S. is skyrocketing. In fact, in just the first half of the 1990s, we used a whopping 45 percent more spices than in the first half of the 1980s.

Two of the greatest authorities on spices, including the seemingly infinite world of chiles, are the co-authors John Willoughby and Chris Schlesinger. Their latest book, *License To Grill* (William Morrow, 1997), is filled with easy dishes that will have spice mavens weak-kneed with desire.

EATING IN

Not so long ago, not cooking carried with it a clear trade-off. Sure, you didn't have to stand over the stove. But you didn't get much of a choice over what to eat, either. Takeout usually meant one of two things: pizza or Chinese food, pizza or Mexican food, pizza or hamburgers. Period.

By comparison, choices today seem limitless. Driven by the serious demands of two-career families, food producers, supermarkets, specialty markets and restaurants have all gotten creative. There is now almost nothing that cannot be taken out and eaten at home.

Best of all, for those of us who love to cook but don't have two hours each night to shop and cook from scratch, there are dozens of "shortcut foods": already-marinated chickens, ready-to-heat pasta sauces, prewashed and torn salad greens. Dinner—not something frozen from a box—really can go on the kitchen table in twenty minutes.

Why not discover just how many op-tions your neighborhood *(continued*



The Spice Is Right

Ready to spruce up your spice cabinet? Here's the lowdown on some of the trendy spices you may have not yet discovered.

Cardamom is native to India and part of the ginger family. It boasts a pungent aroma and spicy sweet flavor. Available as pods, seeds or ground, and often used in baked goods. You can also try it in curry dishes and with root vegetables.

Curry Paste, which comes from both Thailand and India, features curry powder, seasonings and, in some varieties, ground chiles. It's most commonly used in curry dishes, but you can try it stirred into stews, noodles and rice.

Lemongrass is a citrus-flavored stalk with long, grayish-green leaves and a thin white base (the only part of the plant you actually use for cooking). Native to Malaysia and grown in Southeast Asia and California, it's an integral part of Thai cuisine, but its versatility lends itself to seasoning European dishes as well. Its most popular use is in soups, but you can also try it in stews or casseroles, especially those made with chicken and seafood.

Star Anise, named for its star-like shape, is a dark-brown pod from an evergreen tree native to China. It has a more pronounced licorice flavor than anise and is common in Asian cuisine. Try it in vegetable, pork or chicken stir-fries.

Tamarind, also known as Indian date, is the sweet-and-sour fruit of the tamarind tree native to Asia and northern Africa. It comes in jars of concentrated pulp with seeds, as a canned paste, in whole pods dried into bricks or ground into powder. Tamarind is used to season curry dishes and chutneys. Try a bit in rice, lentil or shrimp dishes, too.

These spices can be found in some supermarkets and specialty food stores, or can be ordered from Colorado Spice, 800-677-7423. —Sarah P. Basso

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he bold taste of Pace, a touch of tang and a little something sweet come together for a lip-smackin' w way to do chicken your whole gang'll eat up. Texas Two-Step Chicken Picante. It's easy as one, two.

Texas Two-Step Chicken Picante

Prep time: 5 min. **Cook time: 20 min.**

1 1/2 cups Pace® Picante Sauce (Mild, Medium or Hot)
3 Tbsp. packed light brown sugar
1 Tbsp. Dijon-style mustard
4 boneless, skinless chicken breasts
3 cups hot cooked rice

Step 1. Mix picante sauce, sugar and mustard. Place chicken in 2-qt. shallow baking dish. Pour picante sauce mixture over chicken.
Step 2. Bake at 400°F. for 20 min. or until chicken is done. Serve with rice. Serves 4.



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has for taking out and eating in? When I did this recently, I was stunned. Among my options: Moroccan casseroles, soups and desserts (all from a small restaurant owned by a Moroccan family); excellent Thai food; the best deli sandwiches I've ever eaten; rotisserie chicken and homemade garlic mashed potatoes from the local grill; real old-fashioned fish and chips; and from my local market, a variety of scrumptious Italian vegetable tortes and salads, all ready to go with a crusty loaf of Italian bread.



The new way to shop for dinner

BEGINNING THE DAY IN A BETTER WAY: COFFEE AND TEA

Quality coffee and tea may well be the most welcome new culinary trend. After half a century of anemic coffee and virtually tasteless tea, we are drinking more robust blends and consequently spend more on coffee or tea in a week than we used to spend in a month. But it's worth it.

If any one company can be credited with inspiring the better coffee and tea boom, it's Starbucks. Begun in Seattle as a small, humble coffeehouse in 1971, the company now has 1,300 outposts in the U.S., Canada, Japan and Singapore.

Of course, hardly anyone walks into Starbucks and actually utters the word *coffee*. No. The new java vocabulary includes Frappuccinos (iced double Italian-roast espresso with cold milk and flavoring), lattes (espresso with a lot of steamed milk) and espresso macchiatos (espresso with a dab of milk foam). Naturally, all of these can be had short (small), tall (medium) or grande (big); with skim milk, whole milk or a blend of the two; and with or without that good old jolt of caffeine. As for tea, that's a textbook unto itself.

What no one could have predicted, however, is that the coffee-shop wave has taught us more than the importance of interesting coffee and tea. It has reminded us about the pleasure of taking a little time out, meeting a friend, sipping something delicious and just having a chat. Or, better yet, sitting down for a good read: *The Joy of Coffee*, by Corby Kummer (Chapters/Houghton Mifflin, 1997), tells more than you ever imagined about coffee.

EAST MEETS WEST

For most of my life, the word *ginger* was followed by the word *snap*, and coconut milk was what you used when making piña coladas.

Today, the biggest restaurant trend in America is the culinary meeting of East and West. Ingredients such as ginger, coconut milk, lemongrass, soy sauce, tamarind, Thai fish sauce, curry paste and star anise are now being used with creative abandon. But in comfortable, familiar ways: pork chops marinated in ginger and coconut milk before being grilled; peaches poached in white wine with star anise; potatoes sautéed with a little curry paste. These are the kinds of new East-West marriages that have chefs excited. And the flavors! Bold, pure, clean. Everything, it seems, that we want from food today.

Admittedly, I paced in front of the lemongrass in my supermarket on at least thirty different occasions before I screwed up the courage to buy some. Then came the real dilemma: How do you cook with this stuff?

I decided to follow the lead of most American chefs. Instead of trying to cook Asian dishes, I experimented with old favorites. So into the chicken salad went a little minced lemongrass. Into the meatloaf went a little soy sauce and ginger. What I discovered was a whole new world—no, a whole new galaxy—of flavor.

Try this East-West Roasted Chicken: Combine 1 teaspoon of hoisin sauce, 1 teaspoon of plum sauce, ½ teaspoon of Thai red chili paste (all are available in supermarkets) and 1 tablespoon of olive oil. Rub a 3½-lb. chicken all over with the mixture and then roast in 425°F. oven 50 to 55 minutes. •

BEAN ME UP...

Should coffee be stored in the refrigerator? To freeze or not to freeze? Here's the scoop on how to keep coffee fresh: The first thing any coffee aficionado will tell you: Buy whole beans, and grind them at home on an as-needed basis (ground coffee will lose freshness faster). Coffee beans can be kept fresh up to two weeks when stored at room temperature in an airtight container—there's no need to refrigerate. If you need to keep beans longer, you can freeze them in an airtight container for four to six weeks (if you have purchased beans in a vacuum-packed bag, they can be stored, unopened, in the freezer nine to twelve months). Bought your coffee already ground? After two days, put it in the freezer tightly wrapped for four to six weeks.

—S.P.B.

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Danger in the Kitchen

Is your kitchen an accident waiting to happen? Use this checklist to find out.

By Sharlene K. Johnson



The deceptive thing about kitchen safety is that it seems so basic. We all know that hot things burn, sharp knives cut and cleanliness is key. Yet accidents still do happen and bacteria do have a way of multiplying in unexpected places. In fact, the Bureau of Labor Statistics lists professional food preparation among the ten most hazardous occupations, because of the high number of serious accidents.

Quiz any emergency-room doctor, and you'll find that home kitchens share many of the same hazards. The good news is that safety experts and equipment manufacturers are always looking for new ways to help us stay safe. One clever idea comes from the National Fire Protection Association (NFPA), in Quincy, Massachusetts. Most kitchen fires happen when people leave a pot on the stove unattended, so the NFPA advises taking a reminder—a big wooden spoon or spatula—with you whenever you step away to answer the door or the phone.

Also, some appliances are getting safer, including innovative can openers that cut through lids without leaving any sharp edges.



Cook first, taste second

Electricity and water don't mix



Fingers in jeopardy!



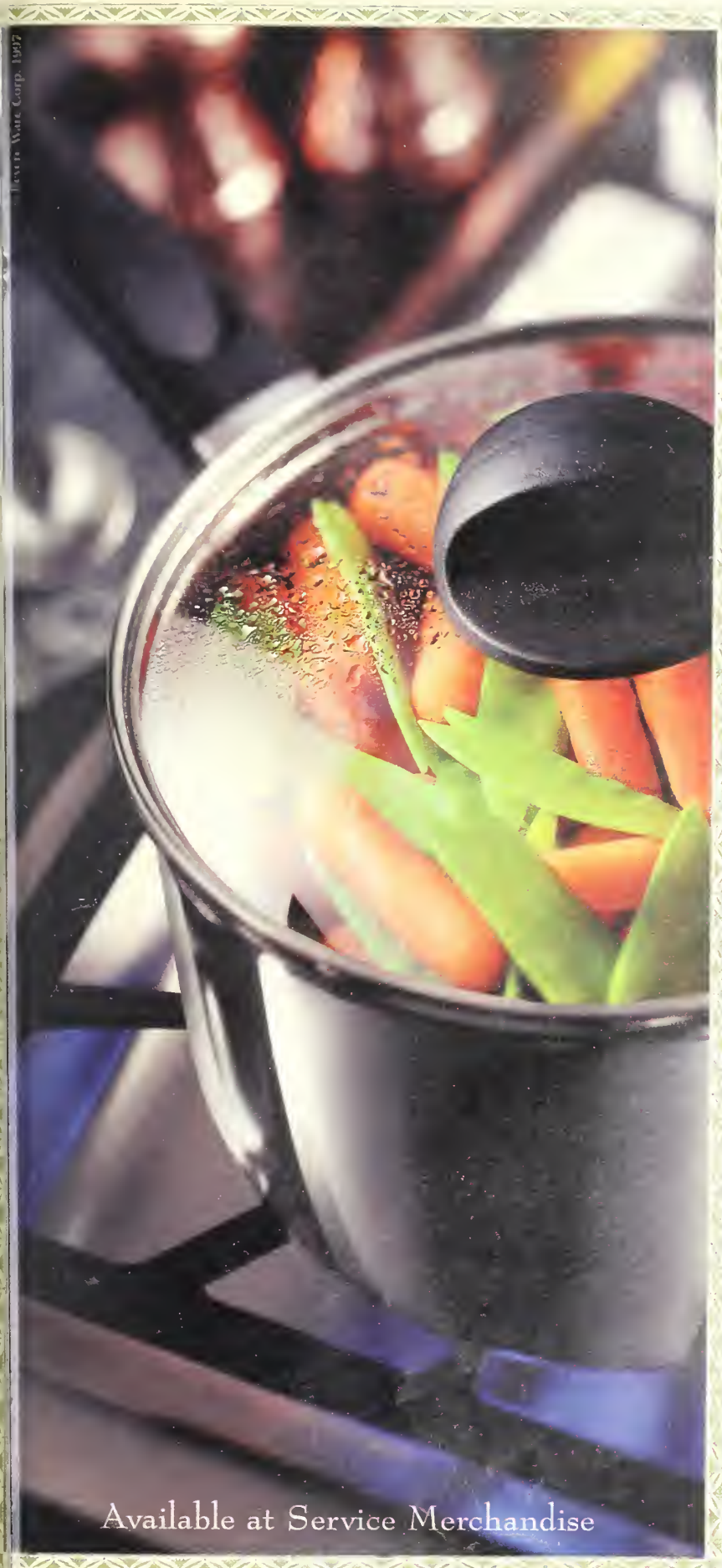
Why rugs with nonslip backing matter

Krups even has a handheld electric can opener with no blade at all: The OpenMaster uncrimps the edges of the lid, rather than cutting through it.

Of course, not every innovation is as good as it sounds. Take those cutting boards that claim to inhibit the growth of harmful bacteria. The U.S. Environmental Protection Agency (EPA) recently ordered one company to stop selling cutting boards treated with Bacteron, which is effective against odor-causing bacteria but hasn't been shown to protect against disease-causing organisms, such as salmonella or *E. coli*.

Microban, another antibacterial agent being used in cutting boards, as well as on toys and other products, has been registered with the EPA for its ability to inhibit growth of all kinds of bacteria in plastic, but manufacturers aren't allowed to claim that it will protect humans from illness. The bottom line: If you already own one of these new cutting boards, the EPA says it's safe to continue to use. However, remember to wash *(continued)*

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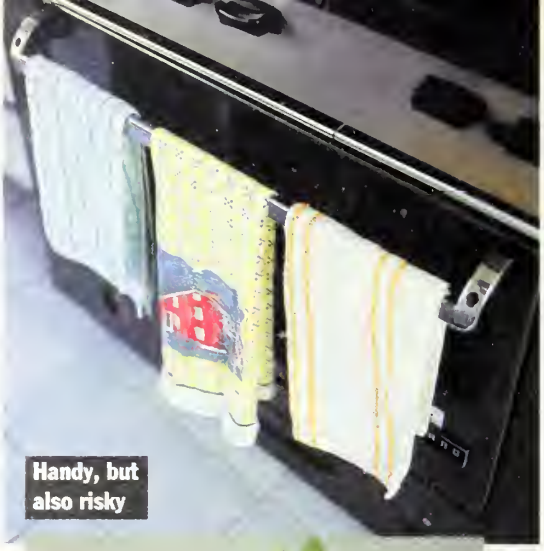
Is your kitchen as safe as it should be? This checklist has everything you need to know, from cutting-edge tips to basic reminders (see box, page 286).

Stovetop

- All pot and pan handles should be turned toward the back of the stove. Use the back burners whenever possible, particularly if there are children in the house.
- Vent steam by tilting pan lids away from you.
- If you're cooking with hot oil, add food very slowly using large, long-handled tongs. Also, be sure the food is as dry as possible. Just a few ice crystals on frozen french fries will make the oil pop and splatter.
- If a pan begins to smoke or catches fire, carefully slide a lid over it, then turn the burner off. Don't try to move the pan.

Oven and microwave

- Before opening a hot oven (or even the dishwasher), crack the door slightly with your face turned away, so you aren't hit with a blast of steam.
- When basting, ease the oven rack out carefully (keep it clean, so it won't stick), remove the pan and set it on a trivet or wire rack on the counter. Don't baste inside the oven, where you're likely to get burned, or on the extended rack, which is not stable enough.
- Always use an instant-read thermometer. Cook ground meats to an internal temperature of 165°F. until juices run clear and center is not pink. Beef, veal, and lamb steaks, roasts and chops may be cooked to 145°F.; all cuts of pork to 160°F.; poultry to 180°F. Remember to wash the thermometer between each test.


Handy, but also risky


An unhealthy mix


Steam by the faceful


Stop! Too hot to handle!

- Cooked food can transfer heat to dishes used in the microwave, so always use oven mitts. Even if the bottom of the dish feels cool, the sides may be hot enough to burn you.
- Remove lids for dishes from the oven as you would for stovetop pans—by tilting lids away from you. For microwave dishes covered in plastic wrap, always turn back one section to vent steam during cooking. Microwave dishes should stand for one minute before lids or wrap are removed.

Refrigerator

- Experts recommend keeping your refrigerator between 33°F. and 40°F.; to test the temperature, place a thermometer in a glass of water on a middle shelf and leave it overnight. Don't open the door until you are ready to check the thermometer.
- Thaw frozen meats on the bottom shelf of the refrigerator on a plate to catch any juices, never on the countertop or in a sink full of warm or hot water. Two other safe options: You can defrost meat in the microwave or by sealing it in a watertight plastic bag and immersing it in cold water that's changed every thirty minutes.
- Leftovers should be covered and refrigerated within two hours of cooking, then used within three to five days.
- Don't refrigerate a turkey with the stuffing inside, because the stuffing won't chill fast enough and bacteria could multiply. Instead, scoop out the stuffing, remove the meat from the bones and store the stuffing and meat in separate containers.

Countertops and chopping blocks

- Regularly sanitize all kitchen surfaces, including cutting boards, with a mild solution of bleach and hot water *(continued)*



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one teaspoon of bleach to one quart of water), or use a commercial cleaner that's designed to disinfect.

- Use two cutting boards: one for meat and a second for fruits and vegetables. Label them so family members won't get them mixed up.
- Whenever you're cutting something round, such as an onion or a tomato, cut it in half first, then put the flat side against the cutting board before slicing. Also, don't try to cut frozen foods, since the knife is likely to slip. When cutting a bagel, place it flat on a cutting board and be sure to position fingers safely out of the way.

Sink

- Lather your hands with soap and warm water for at least twenty seconds before and after handling raw meat, poultry or fish.
- Start cooking with cold water instead of hot, which may have absorbed chemicals while sitting in the hot water tank.
- If you live in an older house that may have lead in its pipes, let the water run for a few minutes. This flushes out fluid that has been sitting in the pipes before you drink it or cook with it.
- Wash your sponge in the dishwasher daily (or microwave it on High 30 to 60 seconds). The high temperature will kill bacteria.
- Never push food into the garbage disposal with your hand or a metal utensil. Disinfect the garbage disposal and sink drain periodically with a bleach-and-water solution.

Small appliances

- Don't use any electrical appliance near the sink. If water spills near an appliance, unplug it before wiping the counter.
- If your house was built before 1987, when the National Electrical Code began mandating the use of ground-fault circuit-interrupters (GFCIs) in certain kitchen outlets, you should consider having them installed. GFCIs monitor the flow of electricity through a circuit; if a change is detected, the device reduces the flow of power almost instantly to prevent a potentially lethal shock.
- Make sure all plugs fit snugly in their wall sockets, and check electrical cords regularly for frayed wires or damaged plugs. Don't overload extension cords by plugging in too many small appliances at once—check the ratings on the cord and on your appliances to determine if a cord is being overtaxed.

Cookware

- Lead can be absorbed by food that is prepared or stored in certain antique food containers, some imported ceramic items or lead crystal decanters, so avoid using these items.
- Invest in a heavy-duty roasting pan, even if you only use it a few times a year for a large ham or turkey. If you must buy a disposable aluminum pan, choose the sturdiest one you can find (or double up pans for added protection).

Hot pads, dish towels and curtains

- Be sure to use only completely dry hot pads or oven mitts; any moisture in the cloth will convey heat right to your hand and create a steam burn. Don't use kitchen towels in place of oven mitts—they're often damp from drying dishes or wiping up spills, and they're more likely to snag on a burner or oven rack.
- Use only hot pads or oven mitts made with fire-safe materials.
- Don't hang dish towels on the oven door or hang curtains near the stove, where a breeze could blow them too near a burner.

Floor

- Wipe up spills and splashes immediately. If you've spilled something greasy or oily, be sure to wash the floor with a grease-cutting detergent.
- Throw rugs can contribute to slips and falls, so be sure that all rugs you use have a nonslip backing or a mat underneath.
- Make certain you have a clear traffic pattern before carrying hot pans across the room. Warn others by saying, "Hot pot coming through." ●

Basic Reminders

- **Always keep your knives sharp. Cutting with a dull knife requires extra pressure, and you're more likely to slip.**
- **When you carry a knife, hold it at your side with the tip pointing down. If you need to pass it to another person, lay the knife on a counter and let that person pick it up.**
- **Roll up your sleeves or wear tight sleeves that you can push back, so you won't drag them across a burner.**
- **Don't taste raw batters or dough that contain unpasteurized eggs, which can be contaminated with salmonella. Cooking eggs to 160°F. kills the bacteria.**
- **Don't use tablecloths if you have small children, since toddlers like to pull on them and could be scalded by a hot dish or even a cup of coffee.**
- **Slow down. Most accidents happen when we're in a rush, so if you're hosting a party or a family dinner, do as much preparation in advance as possible.**

Experts consulted for this article include Sharon Davis, program director for the Home Baking Association, in Lincoln, Nebraska; David B. Drake, M.D., medical director of the burn unit at the University of Virginia Health Sciences Center, in Charlottesville; the General Electric Answer Center; Julie Reynolds, spokesperson for the National Fire Protection Association, in Quincy, Massachusetts; Marcia Schurer, president of Culinary Connections, in Boulder, Colorado; Anne Sterling, founder of the New Jersey–based Kids in the Kitchen Network of the International Association of Culinary Professionals; Carolyn Verweyst, spokesperson for Whirlpool, in Benton Harbor, Michigan; Jerry Vincent, certified executive chef with the American Culinary Federation's Educational Institute and academic director of the hospitality management program at Johnson County Community College, in Overland Park, Kansas.

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INSIDE THE JOURNAL KITCHEN

Our logo symbolizes 114 years of first-rate delicious recipes, triple-tested in the LHJ kitchen, and our commitment to quality as we bring dependable information—and tastes—to your table



Dinner On The Double

CHUTNEY GLAZED HAM WITH RICE AND PEAS

The glaze for this ham steak is a cinch to make thanks to prepared mango chutney. Minced jalapeño adds just the right touch of heat to the savory sauce, and aromatic rice with peas is the perfect side dish.

Prep time: 10 minutes ○▼
Cooking time: 25 minutes

1 cup aromatic long-grain rice (basmati, jasmati or texmati)
¼ teaspoon salt
⅛ teaspoon freshly ground pepper
1 cup frozen peas, thawed
1¼ lbs. reduced-sodium smoked ham steak with bone, ½ inch thick
1 cup beer
⅔ cup mango chutney, chopped
1 tablespoon minced jalapeño chile

1. Cook rice with salt and pepper according to package directions. Remove from heat. Stir in peas with fork. Cover and let stand 5 minutes.
2. Meanwhile, heat 12-inch nonstick skillet over medium-high heat 2 minutes. Add ham steak; cook 2 minutes on each side until browned. Stir in beer, chutney and jalapeño. Bring to boil; cook 3 to 4 minutes more until sauce thickens. Fluff rice with fork. Serve with ham steak and chutney sauce. Makes 4 servings.

PER SERVING		DAILY GOAL
Calories	525	2,000(F), 2,500(M)
Total fat	5.5 g	60 g or less (F); 70 g or less (M)
Saturated fat	1.5 g	20 g or less (F); 23 g or less (M)
Cholesterol	68 mg	300 mg or less
Sodium	1,829 mg	2,400 mg or less
Carbohydrates	85 g	250 g or more
Protein	31 g	55 g to 90 g
Calcium	18 mg	1,000 mg (F); 1,000 mg (M)

Recipe by Cynthia DePersio

You Asked For It

Dear LHJ,
My husband and I frequent the local Olive Garden restaurant in Fremont, California, and one of our favorite things to order is the Toscana soup. Can LHJ please get the recipe? —Barbara Jones, Newark, California

Hail to the Hearty

This soup is most definitely a meal in itself, laden with potatoes, bacon, kale and Italian sausage (either hot or sweet will do the trick). Serve it with your favorite crusty bread.

TOSCANA SOUP

1. Heat oven to 300°F. Bake *3 links Italian sausage* on jelly-roll pan 15 to 20 minutes. Drain on paper towels; cool. Cut into ½-inch-thick slices.
2. Cook *¾ cup chopped onions* and *1 slice bacon, diced,* in saucepan over medium heat 3 to 4 minutes. Stir in *1¼ teaspoons minced garlic* and cook 1 minute. Add *1 can (13¾ or 14½ oz.) chicken broth, 2 cups water* and *2 medium potatoes, peeled and sliced.* Bring to boil; reduce heat to medium and simmer 25 minutes until potatoes are tender.
3. Stir in *2 cups thinly sliced fresh kale, ⅓ cup heavy or whipping cream* and sausage; cook 5 minutes. Makes 6 servings.



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America's most beloved child star captured in one of her most treasured off-screen moments...
The Shirley Temple Flower Girl Doll
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*Prices as of 1/97 from random phone survey of 50 retail

A WOMAN OF SUBSTANCE

Continued from page 213

from home during the school year.

When it comes to teaching her daughter about men, Sarandon does it by example. "She sees a relationship in which the woman is equal to the man, so I think that she is learning that," says Sarandon, who goes on, "If you get to forty and you haven't figured out how to be happy sexually, it's going to be complicated. I think a young woman has to learn how to satisfy herself. It is not true that young women don't get sexual urges and that it is their job to tell the boys no."

If sexuality in girls is good, so is sensitivity in boys. "Jack Henry used to bawl when we'd be at a game and the Rangers would lose," she says. "I told [the former New York Rangers captain] Mark Messier, and he said to Jack, 'We go into that locker room and get upset, too.' It's important for guys to understand that you are stronger when you *can* let out your emotions, not when you *can't*."

As for living with Robbins without marrying him, Sarandon is less adamant than one might think. "We've always told our kids that if they can articulate *why* they want us to get married, then we'll do it," says Sarandon, who has been with Robbins for nine years. "I want them to understand that the commitment has nothing to do with the institution. Parents get divorced all the time. The guarantee doesn't come from marriage; it comes from other things. It's harder to take each other for granted when you are *not* married."

Not that Robbins seems likely to fall into that trap. Though their *Dead Man Walking* collaboration was not without trials—"I almost dropped out because I wasn't sure that we could do it together and not kill each other," she says—her bad-hair, no-makeup role was still a turn-on for her director. "Tim said to my makeup person, 'You are going to have to watch her because I think she's beautiful all the time,'" she says blushing into her sixth glass of iced tea.

Whether Sarandon plays a nun, a prostitute or a mother, her roles are guaranteed to raise eyebrows. "A lot of my movies have been controversial," she says. "In *Pretty Baby*, Brooke Shields was not a victim. That was not a perspective on child prostitution that anyone wanted to see. *Lorenzo's Oil* made people angry because it attacked the scientific method. In *Thelma & Louise*, my character killed one person and took the moral consequences. Why was that so upsetting to people?" she asks, shrugging. How, then, did a role like Louise change her career? "It changed my driving!" She laughs. "But I didn't suddenly start getting paid a lot more."

She did, however, get another little sister. "Louise takes care of Thelma and Susan was the big sister in real life, too," says her co-star, Geena Davis. "She looked out for me. For one scene [director] Ridley Scott wanted me to rip off my shirt a

we're driving down the highway. I didn't like this idea, but I didn't know what to say. So I tell Susan at lunch, and she gets up, goes over to Ridley and says, '*What, are you crazy?* Geena's *not* going to take off her shirt!' So he says, 'Okay, it was just an idea.' That's how she handles things. Everything is clear to her."

Davis is not the only person Sarandon sticks up for. She will lend her liberal voice to anyone she feels does not have one. "To live with myself *without* doing that would be very difficult," she says simply. She looks for unique ways to make a difference, even at Christmastime. "I thought, What does Julia Roberts not have? A llama!" jokes Sarandon, who donated the animal in her friend's name through The Heifer Project International, a charity organization that helps needy families by giving them livestock to raise.

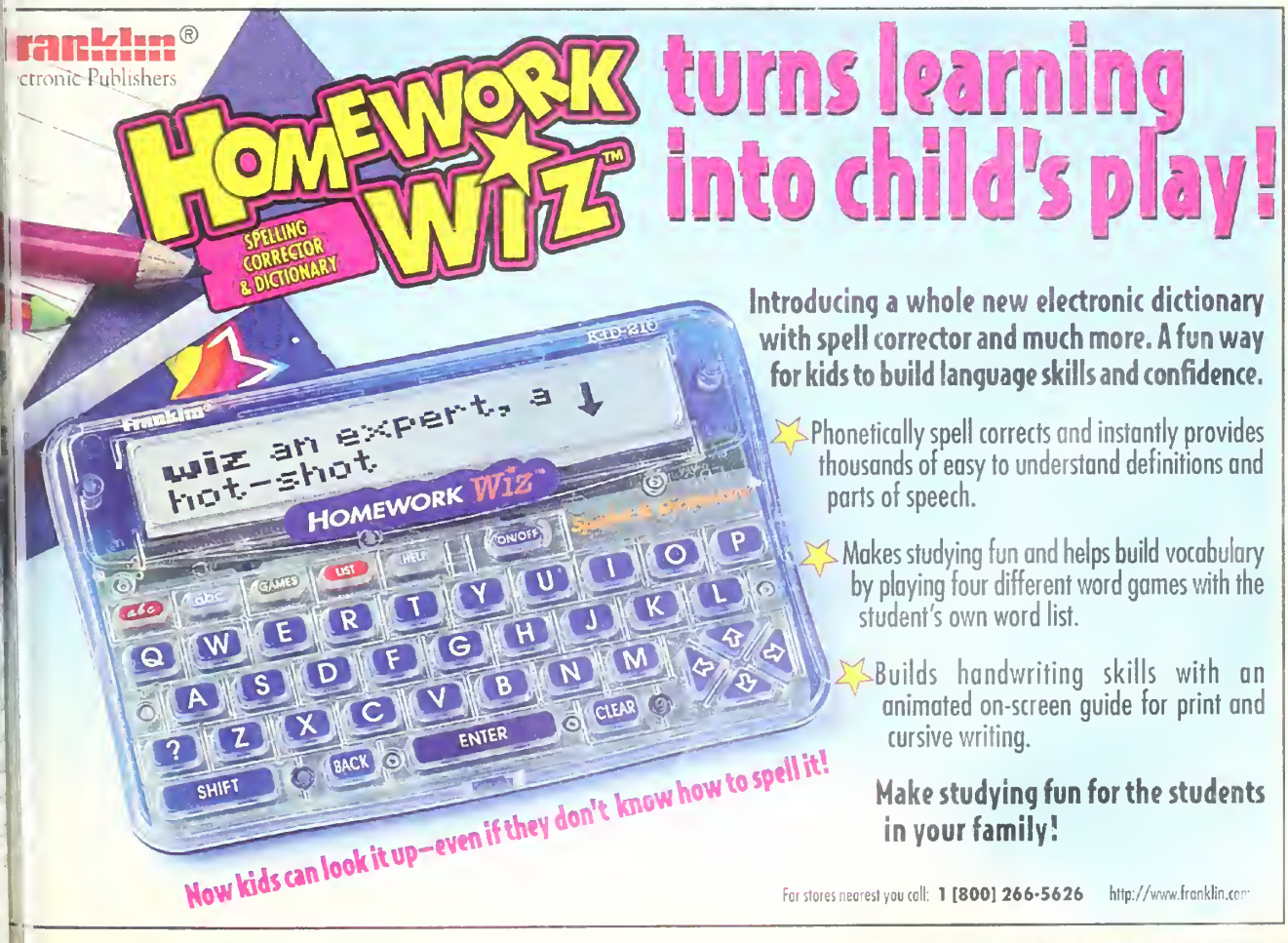
Perhaps because she gives and gets so much, aging doesn't seem to faze the actress, who usually goes sans makeup, save a streak of lipstick. "What's really disconcerting is people who have erased themselves to look younger than when they were thirty," she says. "I said to Christopher Walken [her *Illuminata* co-star], 'You and I are the only ones who are going to be working in ten years because there won't be anyone who looks the right age!"

Then again, why should age scare someone whose companion throws her a surprise fiftieth birthday party in the Bahamas? Robbins invited fifty of Sarandon's friends, including Roberts, Robin Williams and designer Todd Oldham for a weeklong party, including an all-girls retreat where they dressed in white for a ceremony honoring Sarandon's passage into fiftyhood. Sitting in a circle around her, each friend thanked her for what she had taught her, then wrote it down and slipped it into a bottle. "It was very emotional," explains Sarandon. "Julia was crying until her finger got caught in the bottle—it was funny."

Sarandon sealed the bottle, swam out into the waves and threw it as far as she could. "I turned around and all these women were running into the sea naked!" She laughs. The next day, after a two-hour walk, she came across the bottle with all the messages—still dry—inside. "I found it again, so it's mine. It's in my bedroom."

The actress has another secret for staying young at heart. "I like to laugh a lot," she says. "Laughing's good." Apparently so is singing, and according to her brother, Terry, Sarandon's best role yet may just be a remake. "She does a really good Olivia Newton-John imitation," he says. "Her kids put on 'You're the One That I Want' from the *Grease* sound track, and she starts dancing and trying to look sexy. Then Tim comes strutting up behind her doing the John Travolta part." How do the children react? "They don't," he says. "Apparently they're used to it. It is a phenomenon even I have witnessed many times." ●

Melina Gerosa is the entertainment editor of Ladies' Home Journal.



Continued from page 192

Reverence for Creation (due out September 1998) with co-author Philip Berman, a writer on religious values, for which Warner paid the duo over a million dollars. Berman says he urged her to do the book because there are "so many pop gurus out there who drive a Mercedes, when she is the real thing.

"Jane is the most deeply spiritual person I know," he says. "She combines a contemplative side—in those first years in Africa, she was by herself at least fourteen hours a day—and an activist side, from her childhood in the Congregational Church. She is the least materialistic person I know—she still keeps the same little concrete house in Gombe without water or electricity."

Pressed to describe her religious beliefs, Goodall says they are informal; she thinks of God as "a positive presence." She doesn't exactly pray, she says, but she does a lot of giving thanks, and she believes the environmental crisis is a spiritual crisis. If we felt more awe, more joy at what's around us, she says, we would take greater pains to preserve it. "While I believe God wills the ultimate destiny of the human race, I feel sure that the destiny of each of us lies in our own hands: to succeed or fail, love or hate, create or destroy."

She ends each lecture on that same essentially hopeful note, whether she's talking to kids in a "Roots and Shoots" program in East Los Angeles or a fancy gathering of Tyler Prep folk. "Don't let someone tell you [that] you can't do something about it—whether it's crime or the environment or any of the problems we face. You can," she says, fading a little as she leaves another podium, another public place, only to rouse again when the next interviewer or autograph-seeker appears. She says she knows she can't go on this way, that it's beginning to wear on her and that she wants to spend more time with her mother, who still lives in the house in Bournemouth where Goodall grew up.

What about getting older herself? "I don't think about it," she says. "My mother's ninety-three, and my aunt is ninety-five. With each passing year, I have more vigor and, I hope, more wisdom and more and more ideas. There's so much to do."

Goodall says that she's not lonely, that there are friends all over the world she can call on or visit—a list of surrogate brothers she's close to, never having one of her own—and that there is no romance.

"How could there be?" she says, laughing. "Who would live like us to do what I do?"

Nobody, perhaps, except the future version of the determined young Englishwoman who disappeared into the heart of Africa some three decades ago and now lives to tell that story.

For more information or to make a contribution, contact: The Jane Goodall Institute, P.O. Box 599, Ridgefield, CT 06877; 800-592-5263.

Anne Taylor Fleming, a writer and TV commentator, is the author of "Motherhood Deferred" (Ballantine, 1995).

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...VING THE UNLOVED CHILDREN

...ntinued from page 208

...mily, Hale recognizes that some-...nes the greatest threat to a child ...s within his own home. Though ...ost of their charges arrive as new-...rns, Hale House does see some ...no have been abused. Slowly, re-...etfully, Hale adds, "I used to say, ...hildren belong with their mothers.' ...ow I've learned to say, 'Not all ...ildren belong with their mothers.'"

...A staffer from Japan—Hale often ...sts child-care workers from other ...untries who want to learn from the ...ogram—leads the older children ...wnstairs for a morning snack of ...sh apple-carrot juice. They had ...meal for breakfast; lunch will be ...chini soup. Dessert is always fruit; ... candy or chips. Nutritionist Sylvia ...az, M.S., C.N.S., plans menus ...taining fresh wholesome foods ...ily absorbed by delicate digestive ... tems, and trains the cooks to ...ke dishes from scratch. Parents ... also taught how to keep their ...ldren well fed at home.

...A pediatrician is on staff, and a ...ropractor and masseuse come in ...ry week. According to Hale, ma-...ulating the babies' muscles and ...ies helps relieve stress, bolster the ...nune system and keep them ...lthy during this crucial period in ...r development, one that will de-...ine their very futures.

DREAM CONTINUES

... world isn't the same one Moth-...Hale once knew. "When I was ...ving up," recalls Lorraine Hale, ...eryone was going after the Ameri-... Dream; they wanted to be some-...y. Today there's been a big ...ge—people have no sense of re-...sibility for themselves or society. ...ward the end of her life, my ...her often asked me, 'When did ...ple become like this?'"

...at that hasn't stopped Hale from ...inuing and expanding her ef-... She and her staff have sup-...ed programs similar to Hale ... se in Atlanta, Chicago, Wash-...on, D.C., and rural Louisiana; ...ests for training are coming in from overseas—Uganda, Kenya, Brazil as well. And in the wake of 1995's Million Man March, Hale House is working with several men's organizations to help the members learn to be sensitive to their children's needs.

Also innovative are the two apartment buildings operated by Hale House for single mothers who either have AIDS or have completed drug rehab and need a safe, inexpensive place to stay. The residence offers counseling, exercise classes, massages and child care to tenants who need a break. It's paying off: Four women living here have just graduated from college or training programs; one is in graduate school.

Even with so many details to be concerned about, Hale says she never tires of her work. "I get cynical, but I never get burned out," she says. "The children keep me going. And I believe in God. When I get to a fork, I know I'll be led to the right road." •

Ann Marie Cunningham is a senior associate producer at WNET/13, New York City's public television station.

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THE CRIMEBUSTERS

Continued from page 187

with them, pretending to share their interest. "I'll say a friend of a friend said you might be interested in subscribing to this magazine," she explains. If a person orders the material, Powers or another inspector poses as a letter carrier and delivers it. When the suspect accepts the package, police search his home for similar material and sometimes an arrest is made on the spot.

In her seven years on the job, Powers has helped to catch and convict more than one hundred perpetrators. But it is her first case that affects her the most.

In 1990, when Powers, other postal inspectors and police showed up with a warrant to search the home of a suspect, they found the man with his nine-year-old nephew. "Supposedly, the boy was going to his uncle's house for piano lessons, but the guy was molesting him and making videotapes," Powers recalls. "At first glance, the tapes would look innocent—vacation videos, things like that. But in the middle, he had spliced in footage of himself molesting his nephew.

"This man never showed any remorse, never accepted any responsibility, never said he was sorry. That was seven years ago, and this boy is still traumatized by the whole thing," says Powers, who has kept tabs on the child's progress.

She was also involved in a huge sting operation that brought down the largest commercial child-pornography ring ever encountered by U.S. law enforcement. It began with the 1994 arrest of a San Diego electrical engineer, the suspected ringleader of a mail-order company selling films of young children engaged in various sex acts. Authorities used mailing lists seized from the business and set up a fake company, sending pornographic videotapes to people who responded to mailed ads. As soon as someone accepted delivery of a video, investigators arrived with a search warrant.

"Three of those people were in my territory," says Powers, who helped search each of their homes. One suspect was a Catholic priest. "He had a lot of child pornography and went away to prison for a year."

Not surprisingly, her work has changed the way she sees the world. "It makes you much less trusting of people," she admits, especially when her children—Christian, five, Katy, nine, and Bob, thirteen (stepsons Rob, Jim and Mike are grown)—are concerned. "Whenever my kids get involved in anything, I want to know the adults involved. And I would never allow my kids to go off on a weeklong camping trip or anything that involves overnight stuff. I've just seen too much."

But the rewarding aspects of her work outweigh its sordid, depressing side. "These guys are hurting children," Powers says, "so when we get them off the streets, I feel like I'm doing something pretty worthwhile." —Deborah Beroset

A BLOOD TEST CHANGED MY WORLD

Continued from page 128

Less than a month after my diagnosis, I was asked to do a TV interview about my upcoming book. Still suffering from a dry mouth and blurry vision, I almost said no. But I did it, and halfway through the interview I realized that for the first time in many weeks, I was defining myself as a writer, rather than a diabetic. I realized that diabetes was something I had, not what I was.

I started talking about my health problems. When I confided to my tailor that it was my diabetic diet, not vanity, that had chiseled off 15 pounds, she asked me to help a young neighbor who was struggling with a recent diagnosis of her own. Helen Chandler*, a slim, elegant forty-eight-year-old executive, had been found nearly unconscious in her apartment. She hadn't really been feeling well for months, but her doctor had sent her away without even a blood test. After her collapse, Helen was diagnosed with type I diabetes. She needed insulin to live, but the dosage and timing of her medication presented many perils themselves. In the first few weeks, her blood-sugar fluctuations required four visits to the emergency room. I suggested she enroll in the same course at Mount Sinai. With better information and more specialized medical care, her blood-sugar levels stabilized. She has even dramatically reduced her need for insulin.

Helen and I trade solutions to the social problems of diabetes, such as the neighborhood restaurants that seem to put sugar in everything and coordination of work schedules with mealtimes and medications. Living alone, she is concerned that she will collapse again and no one will find her in time. She is reluctant to tell dates about her illness since they may erroneously believe it's hereditary and might not want to pursue a relationship.

It is good to have someone to laugh with about lunch invitations that feature pancakes (an acceptable serving is just two 4-inchers). We both carry diabetic survival kits of snacks.

I'm now aware how easy it is to live with undetected diabetes. My two daughters are both slim and active, and I want to make sure they stay that way. They eat a healthy diet, and I encourage them to exercise. I am optimistic that they will never get the kind of phone call that changed my life.

After three months of the diet and exercise program, I wasn't just better—I was really healthy. My sugar levels are consistently within normal limits, my blood pressure is normal and my cholesterol dropped to an enviable 149.

To get away from food-related issues, I now meet people for an afternoon of flea-market shopping or a glass of wine after work, both wonderful ways to talk with friends without worrying about the timing or content of an unfamiliar meal.

Each day, I test my blood sugar twice, eat carefully and go for my walk. I am learning there is a fine line between ignoring diabetes and letting it run your life. ●

**Name has been changed.*



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DEAR EXPERT

Continued from page 138

of pressure, huh?" If you're right, they'll know you're listening, and if you're off base, they'll help you understand. Either way, you'll start to tune in more sharply, and they'll know that you're trying to empathize.
—Daniel Goleman, author of the best-selling book "Emotional Intelligence" (Bantam, 1997)

HOW CAN YOU BE A BETTER FRIEND?

Based on the letters we've received and conversations we've had with women across the country, these traits seem to underlie the strongest, longest-lasting female friendships:

- **Commitment.** After *girlfriends* was published, we received a letter from a woman with breast cancer whose friends provided complete dinners for her family on a rotating basis while she was receiving chemotherapy. Anyone can send a card or ask someone what she needs, but the level of commitment it took for this group to make dinner night after night surely contributed to this woman's positive mental attitude.
- **Flexibility.** You see a lot of friendships ending when one woman's life changes dramatically. On the other hand, I know of two women whose friendship had flourished around a regular girls' night out until one of them had a baby. Now, rather than not seeing each other, they have a girls' night *in*. That's the kind of flexibility it takes for friendships to grow and change.
- **Humor.** Good female friends have many inside jokes and few inhibitions when they're together. That element of shared humor seems to be what keeps us human.

—Tamara Traeder, co-author, with Carmen Renee Berry, of "girlfriends" (Wildcat Canyon Press, 1995), "the girlfriends keepsake book" (1996) and "girlfriends talk about men" (1997)

WHAT'S THE ONE QUESTION PARENTS DON'T ASK THEMSELVES—BUT SHOULD?

It's "Am I pushing my child too hard?" We've had a lot of significant new research about the importance of active early development, but parents do tend to get carried away. We're actually starting to see burned-out preschoolers. In fact, most loving parents do exercise their children's minds quite enough in the normal course of the day—talking, reading, even just cuddling—without having to bombard them with educational toys, flash cards and classes.

The bottom line: Take your cues from your child. If he or she isn't fundamentally enjoying an activity, you're pushing too hard and expecting too much. Your child's interests and curiosities will only be that much stronger and brighter when they're allowed to develop freely.
—Heidi E. Murkoff, co-author, with Arlene Eisenberg and Sandee E. Hathaway, B.S.N., of "What to Expect in the Toddler Years" (Workman Publishing, 1994) and "What to Expect the First Year" (1989) ●

Lynn Harris is a frequent contributor to the Journal.

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I certify that the statements made by me above are correct and complete. *Myrna Blyth, Editor*

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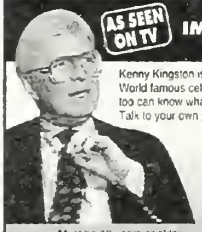
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The author and her mother

Letting Go

My mother raised me, and then she set me free. Now the wheel has come full circle, and it's my turn to part with her

By Maya Angelou

She stood before me, a dolled-up, pretty yellow woman, seven inches shorter than my bony six-foot frame. Her eyes were soft and her voice was brittle. "You're determined to leave?"

I was seventeen and burning with passionate rebelliousness. I was also her daughter, so whatever independent spirit I had inherited had been nurtured by living with her and observing her for the past four years. "You're leaving my house?"

I collected myself and answered, "Yes. Yes, I've found a room."

"And you're taking the baby?"

"Yes."

She gave me a smile, half proud and half pitying.

"All right, you're a woman. You don't have a husband, but you've got a three-month-old baby. I just want you to remember one thing. From the moment you leave this house, don't let anybody raise you. Every time you get into a relationship, you will have to make concessions, compromises, and there's nothing wrong with that. But keep in mind, Grandmother Henderson in Arkansas and I have given you every law you need to live by. Follow what's right. You've been raised."

Some forty years have passed since Vivian Baxter liberated me and handed me over to life. During those years I have loved and lost, I have raised my son, set up a few households and walked away from many. I have taken life as my mother gave it to me on that strange graduation day decades ago.

In the intervening time, when I have extended myself beyond my reach and come toppling Humpty-Dumpty down on my face in full view of a scornful world, I have returned to my mother to be liberated by her one more time. To be reminded by her that although I had to compromise with life, even life had no right to beat me to the ground, to batter my teeth down my throat, to make me cry uncle. My mother raised me, and then she freed me.

And now, after so many eventful years of trials, successes and failures, my attention is drawn to a bedroom adjoining mine where my once feisty mother lies hooked to an oxygen tank, fighting cancer for her life.

I look at Vivian Baxter, and I think of Frederick Douglass's mother, enslaved on a plantation far from her infant son, yet who, after toiling a full day, would walk miles to look at her child, hoping he would sense a mother's love, then return to the plantation in time to begin another day of labor. She believed a mother's love brought freedom.

I pray that, when the time comes, I shall have the courage to liberate my mother. She would expect that from me. ●

Maya Angelou has written five volumes of autobiography—including the best-selling "I Know Why the Caged Bird Sings"—as well as numerous collections of poetry. Her most recent book, "Even the Stars Look Lonesome" (Random House), was published in September.

FROM THE BOOK "EVEN THE STARS LOOK LONESOME," BY MAYA ANGELOU. COPYRIGHT © 1997 BY MAYA ANGELOU. REPRINTED WITH PERMISSION OF RANDOM HOUSE, INC.

December

LADIES' HOME JOURNAL

Never Underestimate

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104 BABIES FOR SALE A thirty-two-year-old woman's search for her birth mother uncovered a startling legacy: As newborns, she and dozens of others were secretly sold to adoptive parents by the same Georgia doctor. By Kathryn Casey

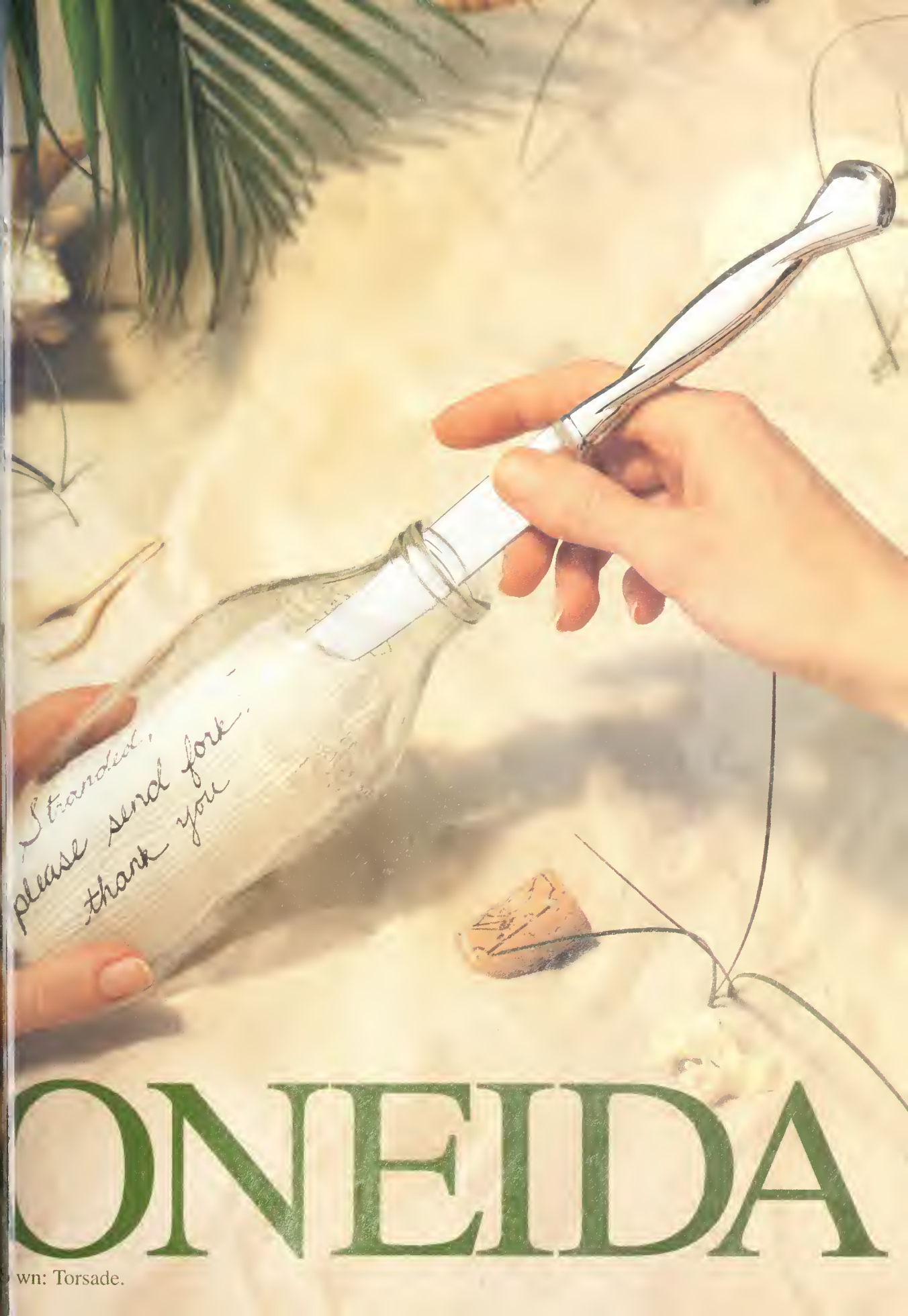
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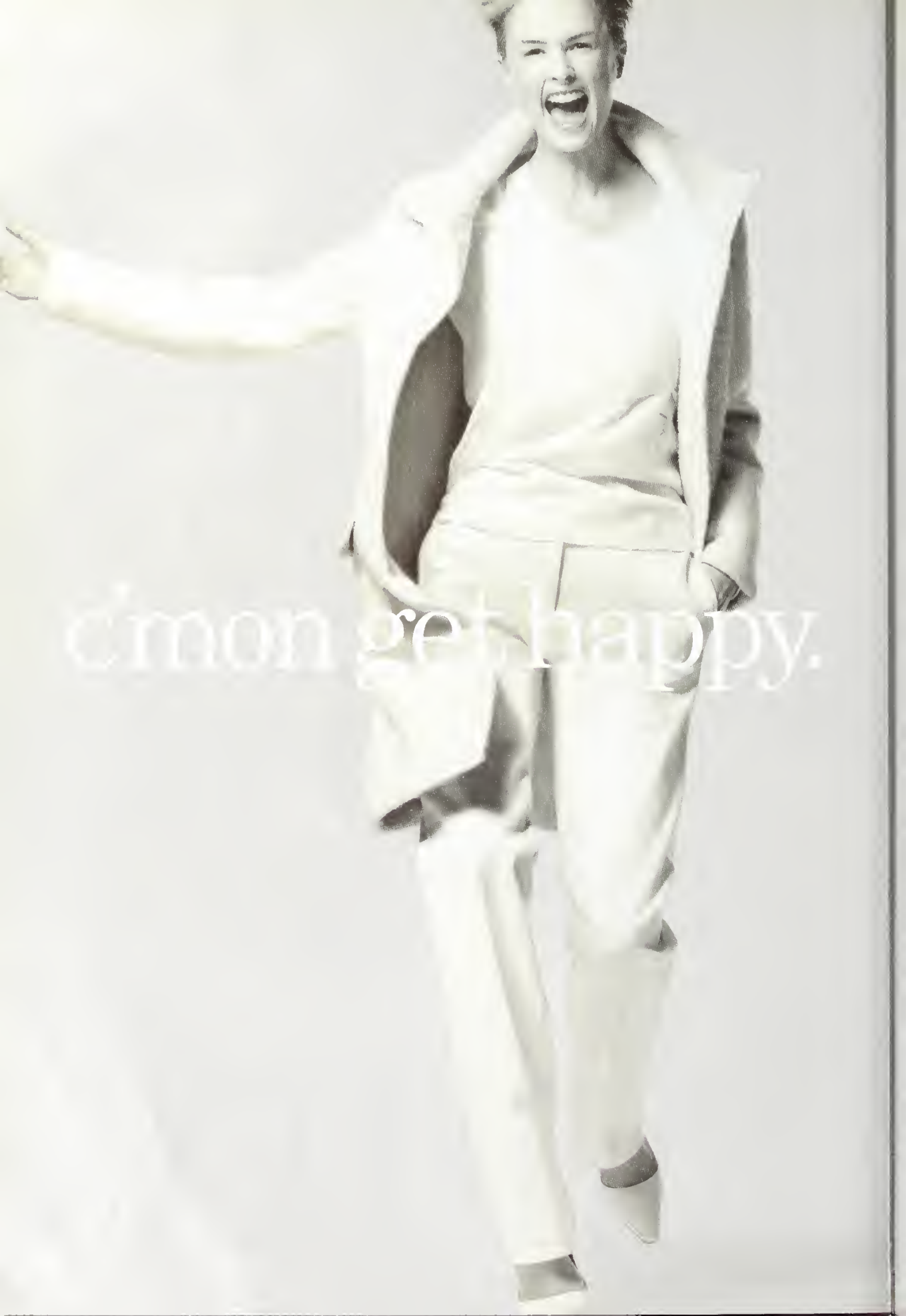


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Great Gifts

I asked the staff to remember their all-time favorite holiday presents. Here are some of their sweet and touching stories:



BAKE-OFF The minute we caught sight of the gifts under the tree, we knew the box front-and-center just had to be the much-wished-for Easy Bake oven. My sister and I immediately set up the oven in the kitchen, and we cooked our first three-inch-round chocolate cake side by side our mother, as she basted the holiday turkey. —Carolyn Noyes



ON THE ROAD My most memorable gift? A shiny blue two-wheeler. But I was thirty-eight, not eight when I got it. And it was from my husband, not my parents. Since then, I've logged over two thousand blissed-out miles on it! —Susan Crandell



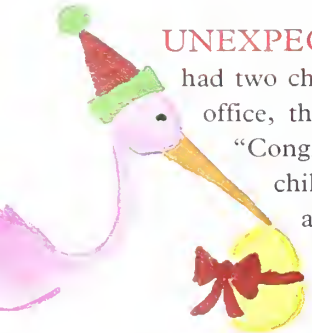
SKI LIFT In fifth grade I received the gift I desperately wanted—a pair of skis. No one in my family had any interest in this sport. We were living in Syracuse, New York, and I trudged off to the sledding hill and taught myself. Today, I celebrate the holiday season every year by skiing (albeit not with great style) with my husband and kids, and am still grateful "Santa" brought me that first pair of skis. —Jan Hazard



EARRINGS ARE FOREVER My husband gave me a pair of earrings the Christmas before we got married. He had the jeweler, who was making our wedding rings, make the earrings using the same design. What was most special about the gift was that he had put so much thought into it. I wore those earrings on our wedding day. —Pamela Guthrie O'Brien



AUTHOR, AUTHOR My most memorable gift was a toy typewriter that I had spotted in the Sears catalog when I was in second grade. I had been devouring the Bobsey Twins books and had my heart set on writing a book of my own. After I got the typewriter, I started my opus, a story about a family with three sets of triplets! After I wrote three chapters, hunting and pecking and pounding the keys as hard as I could, I realized this author stuff was hard work. —Lorraine Glennon



UNEXPECTED TREASURE It was the afternoon of Christmas Eve, 1986. I had two children under three and my marriage was comatose. Just as I was about to leave the office, the phone rang. It was my obstetrician. He said the word I least wanted to hear: "Congratulations!" Eleven years later, as I prepare to celebrate Christmas with my three children, I can only say that sometimes our most precious gifts are not the ones we ask for. —Mary Mohler

Merry Christmas, Happy Chanukah to you and your families from our entire staff!

MYRNA BLYTH
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CITIZEN. HOW THE WORLD TELLS TIME.



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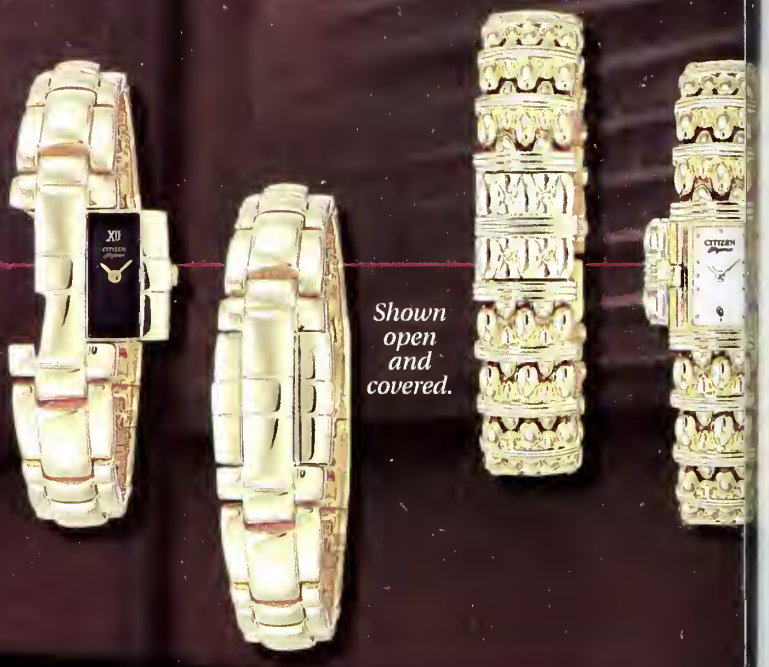
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MEET OUR CONTRIBUTORS



Lynn Harris

No two shoppers are exactly alike, but in "What's Your Shopping Style?" (page 60), humorist Harris dissects the five main types and explains how each can make holiday shopping less maddening. Harris—herself a recovering Perfectionist Shopper—is launching a satirical Web site for singles on the relationship rebound (*bg@breakupgirl.com*).



Dianne Hales

In "Why Am I So Tired All the Time?" (page 116), Hales gets straight answers to this and other questions that often go unasked during a rushed half-hour medical checkup. "Concerns about fatigue and forgetfulness aren't trivial or hypochondriacal," says LHJ's Contributing Editor. "And quite often, they have very specific medical solutions."



Gad Cohen

He's styled the hair of celebrities from Nicole Kidman to Sandra Bullock, but in "You Look Just Like . . ." (page 140), the twenty-year veteran stylist got his first chance to tend to the locks of their doubles. "Stars change their hair frequently," Cohen says, "but there is always a look that first comes to mind when you picture them. That's the look I created here."

Sandy Linter

The winners of our Celebrity Look-Alike Contest (page 140) gave makeup artist Linter plenty of raw material with which to work. "Their features were so strikingly recognizable that I knew who each was supposed to be right away," she says. Linter (who herself is often mistaken for Debbie Harry from the rock group Blondie) also contributes to *Vogue*.





Andrea Warren

"So many people grieve during the holidays for lost loved ones that I felt compelled to share my experience," says Warren, who remembers a son who died in "Missing Ben" (page 80). Warren wrote the award-winning children's book *Orphan Train Rider: One Boy's True Story* (Houghton Mifflin, 1996).

LADIES' HOME JOURNAL

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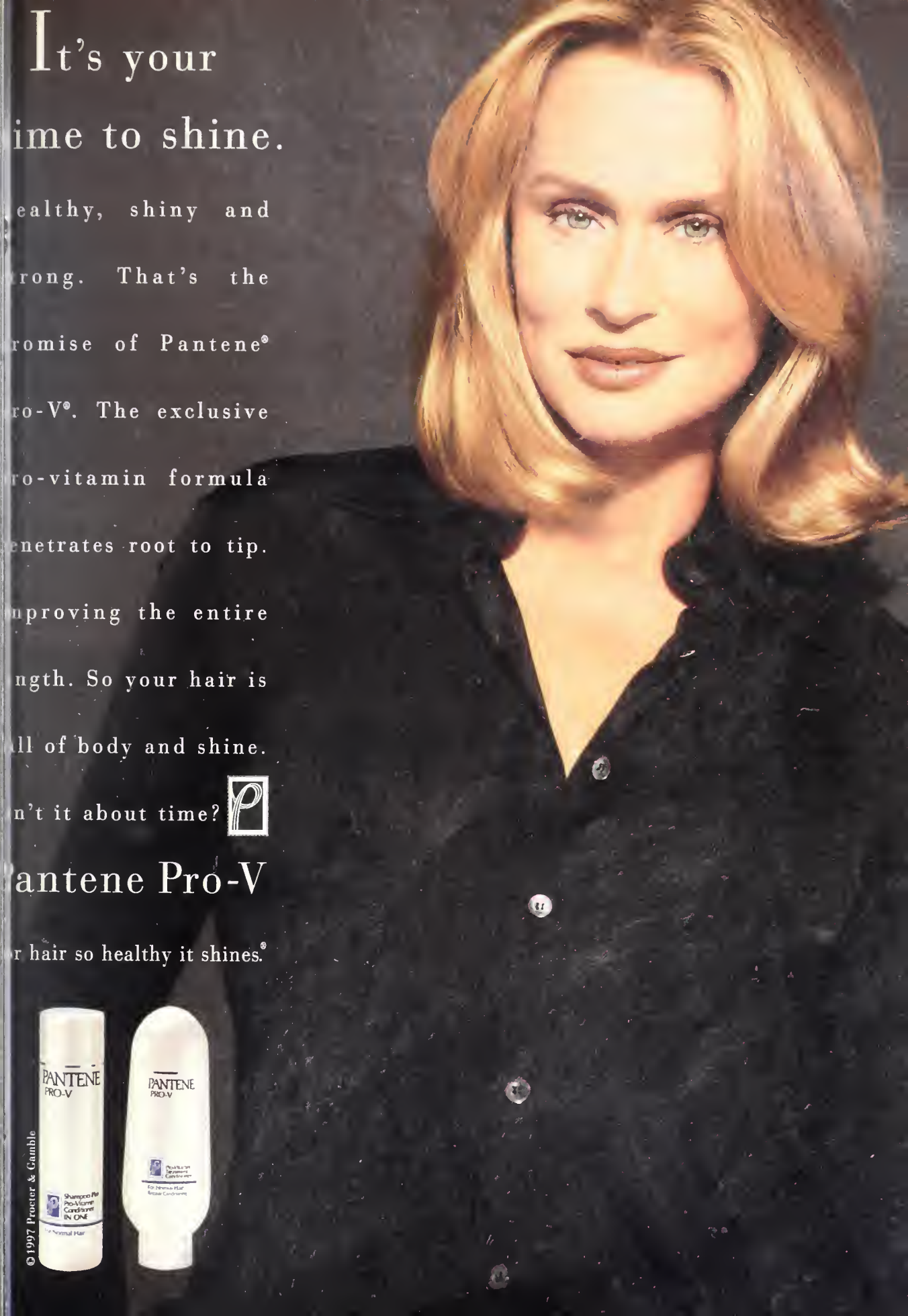
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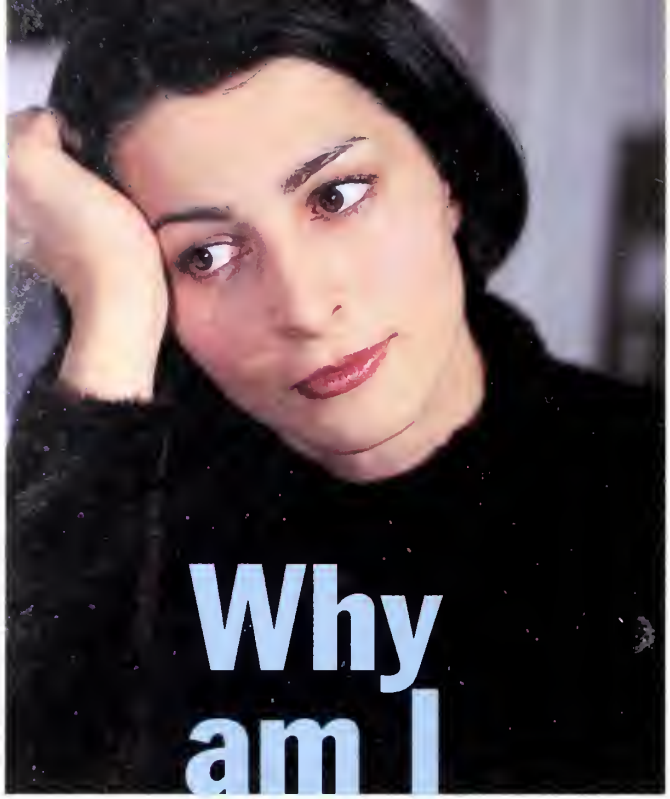
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AN THIS MARRIAGE E SAVED?

Keith and Eve originally sought counseling because of his depression. Now it was Eve's turn to take a look at her life. By Margery D. Rosen



Why am I always the strong one?

EVE'S TURN

"When we ended therapy a few months ago, our marriage was better—for a while. But lately, Keith and I have been arguing so much that I insisted we see you again," said Eve, thirty-nine, mother of Justin, thirteen, and Eric, eleven.

"Keith really did change. He had been incredibly depressed, and the therapy helped enormously. He's not perfect, but he has stopped whining and worrying obsessively about everything. But I've changed, too, and Keith can't accept that.

"I saw the psychiatrist you recommended, and I've been taking an antidepressant for six months. I can't describe the difference this medication has made in my life. I'm able to make decisions now, to judge whether I'm doing something because I want to or because I'm afraid someone won't like me if I don't.

"Our most recent standoff prompted me to call you. I told Keith I was not going to spend another depressing Christmas at his mother's house. Every year, we go for dinner, and every year, we all come back miserable. Keith's family lives from crisis to crisis, constantly complaining and brooding. Well, I don't want to be a part of it anymore. Christmas is a joyous holiday, and I intend to make it one—with or without my husband.

"As the oldest of three children, I had to make sure my brother and sister were okay, as well as clean house and often cook dinner, because my mother worked late and got home long after we did. My father, an auditor for a large aircraft manufacturing company, has always had a problem with alcohol. Mother used to say, 'Stay away from your father; he's in a mood.' Booze made him nasty and mean.

"I suppose my parents stayed together because that's what people did then, but I knew at a young age that I'd rather be single than have a marriage like theirs. I also vowed never to raise my children that way.

"I met Keith at a high-school dance when I was fourteen, and we got married when I was nineteen. I found a job as a legal secretary, Keith as an assistant at a video-production company, and we both went to college at night.

"Though I graduated with a degree in psychology, we planned that I'd stay home once we had kids. We worked hard at creating a home different from what we'd known as kids. Our kids are the focus of our life.

"Still, when the boys were little, I felt frustrated and isolated. Once the kids started school, I plunged into activity: I was head of the local PTA, president of the district council and Boy Scout leader.

"Looking back, I guess I was on automatic pilot during the school year. Come vacation or summertime, though, I'd get very depressed. Some days, it was tough to get out of bed. I'd eat a lot and become weepy for no reason. I never thought to see a therapist. I figured that was just the way I was.

"I also felt responsible for Keith's happiness. For twenty years, I listened when he fretted about work—he's now a creative director at an advertising agency—or agonized about how to handle *(continued)*

THE MOST POPULAR, most enduring women's magazine feature in the world. This month's case, about a couple battling depression, is based on interviews with clients and information from the files of Nanette Berman Cohen, C.S.W., a marriage and family therapist in Plainview, New York. The story told here is true, although the names and other details have been changed to conceal identities.

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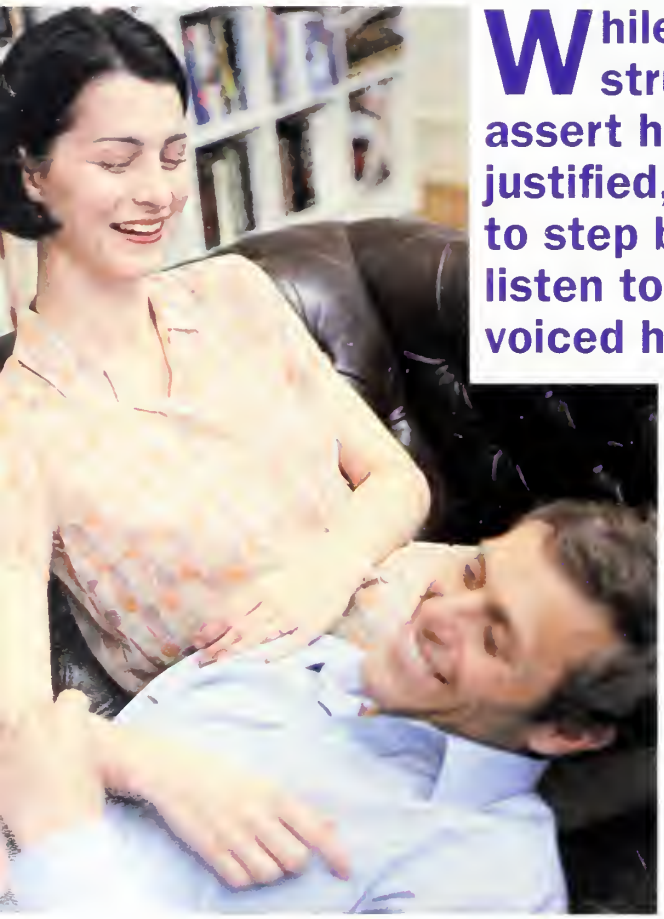
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his family. My full-time job was to make Keith feel better about himself.

"Keith never had a lot of friends, either. He has always said I'm his best friend—and I wanted to be. But I was fed up, and I became short-tempered and snippy. Even if he wasn't complaining, I heard every statement as another problem I had to solve.

"Once I took the medication, I started feeling good about myself. Keith says he doesn't recognize me. It's true that I've changed: I'm saying no, I do not want to watch a sitcom just because my husband wants my company. I'm also saying no in bed now—if I'm not in the mood, I don't want to have sex just because he's looking for a good time.



"I'm angry. I'm finally beginning to feel that I have a right to speak up. Christmas is the big issue right now, but we can get into a fight over almost anything. He claims I'm being stubborn and pushy and that I have no time for him. In a way, he's right. I feel it's time to focus on Eve for a change. I listened to him go on about his problems for years. I'm sick and tired of being the strong one."

KEITH'S TURN

"Eve has become arrogant and stubborn, and it really upsets me," says Keith, thirty-nine. "She's not supportive. Frankly, she treats me like hired help—incompetent help, at that.

"I don't know how to react to her. Christmas dinner is a perfect example. This is a family tradition. She knows this dinner is important to my mother, so why is she putting me in this position? Sure, my family gets a little melancholy sometimes, but all families have their problems. I don't see the point of taking a stand on this particular day. Aren't there other ways to prove your independence?

While Eve's struggle to assert herself was justified, she had to step back and listen to how she voiced her needs

"Ever since Eve started taking that antidepressant, I've felt like she was closing off from me, sexually and emotionally. I can't believe she would say that I want to make love because I'm just looking for a good time! That hurts. And I haven't talked on and on about my problems—I encourage her to tell me how she feels, too. She always resists.

"I fell in love with Eve because she was so open and so easy to talk to. Growing up, I never felt like anyone was listening. My father was a foreman in a manufacturing plant. He had t work overtime to support us an never had an opportunity to go college. Dad was controlling, distar and completely unapproachable. M mother, a homemaker, was passiv and nervous. Anytime I did the lea little thing out of line, Mother woul admonish me with her favorite ex pression, 'Don't rock the boat.' M family had a sense that life was risk and you shouldn't take chances.

"The world came crashing dow when I was nineteen. My father die from a massive heart attack, and year later, my only brother, who eleven years older than me, had a ne vous breakdown. He's been in an out of hospitals ever since. Mother b came even more anxious, and I start ed to feel guilty that my brother g sick and somehow I'd been spared.

"I was an excellent student and won a scholarship to college, but I'v always thought that anything I accom plished was a fluke. In college and a work, I'd see all these ambitious peo ple who were clearly going places an I'd think: What am I doing here?

"The summer after graduation, was offered an internship at th agency where I've been ever since But again, even though my work ha always been praised, I've never reall felt competent.

"Eve was always there to help m figure things out. I'm the kind of per son who needs to talk about how feel. So if I was worried about m brother or a big project at work, just started talking. I didn't realiz I was going on and on.

"When Eve told me she thought needed professional counseling, I re sisted, but now I can see how much it has helped me. Still, I hate the fact that my wife is taking antidepres sants. The main problem, though, i that I feel like I'm living with a wom an I hardly know. Instead of helping our marriage, counseling has made everything worse."

THE COUNSELOR'S TURN

"I wasn't surprised to hear from Eve and Keith," said the *(continued)*



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counselor. "Once a long-standing problem—in this case, Keith's depression—gets resolved, issues that were overshadowed stand out in sharp relief. Marriage, I explain to couples, is like a cake recipe: Change just one ingredient and the cake will come out very different. Now, Eve's struggle for independence had to be dealt with.

"When this couple initially came to see me about Keith's depression, I sensed that Eve's perky exterior was masking emotional problems on her part, too, though she dismissed my attempts to focus on her. In the beginning, I honored that wish. I was concerned that Keith would feel even more despondent if I turned the spotlight on Eve right away. As a result, during their first treatment, we concentrated on Keith.

"Intelligent and articulate, Keith spoke clearly and easily about his feelings. As he described his childhood, I realized he'd been depressed his whole life. Living from crisis to crisis was the norm for Keith. He was also so lacking in self-confidence that he couldn't accept the fact that his success was merited.

"Keith responded well to cognitive therapy, which helps people by changing the way they view and interpret what happens to them. Depressed people tend to slip automatically into a pessimistic outlook. They feel a sense of hopelessness far out of proportion to the reality of their situation. In cognitive therapy, they learn to recognize their erroneous thinking and build strategies to cope with problems.

"As Keith began to practice this technique, he experienced a burst of self-confidence. In time, he realized he could take control of his feelings and his life by changing his viewpoint.

"Eve, on the other hand, hid her lack of self-esteem behind a shield of competence and compulsive activity, which kept her from feeling and thinking. Just getting her to look at the reasons for her depression was risking reopening childhood wounds.

"Eve had always jumped in to care for everybody, and she continued to do so. She was so accustomed to doing for others, it was difficult to ask herself, Is this what I want?

"Because Eve was rewarded as a child only when she was doing for others, putting her own needs and wishes aside became a habit. Just as Keith felt normal in his depression, Eve became comfortable placating and reassuring her husband—until she began taking the antidepressant.

"The effect was fairly dramatic. Once Eve began to feel better about herself, her resentment and anger toward Keith grew. She started saying no, often and forcefully. This is common: When a person first attempts to change long-held patterns of behavior, she often swings too far in the opposite direction. Keith was blindsided. Eve had changed the rules in the middle of the game.

"Compounding their problem was the fact that they had focused on their children at the expense of their own relationship, and they were isolated from other people. They were active, but they were not really connected to anyone outside their immediate family. Both of them needed to forge new friendships.

"My goal in counseling this time was to help them refine that delicate balance of dependence and independence, self-assertion and compromise that makes a relationship last.

"I pointed out to Eve that, while her struggle to assert herself was justified, she needed to step back and listen to how she voiced her needs—her tone of speech, her expression, her body language. 'Standing up for yourself doesn't mean grandstanding about every issue,' I said. Eve finally realized that she didn't have to have her own way on every issue or risk losing her independence.

"With her new approach, this couple was able to sit down and discuss alternatives—for instance, instead of having Christmas dinner with his family, they told his mother they would go for brunch after church, which allowed them to have dinner at their house with some of their new friends. The more they compromised, the more Eve found she wanted to say yes to Keith's suggestions. Recently, they arranged to take their first trip together without the kids.

"Eve also joined a support group run by Adult Children of Alcoholics, which helped her understand the codependent role she had assumed, as well as the fact that depression and isolation are typical of people who had alcoholic parents.

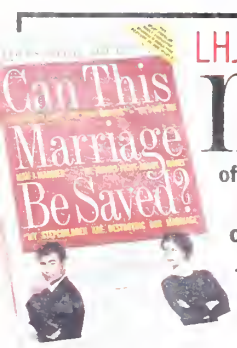
"Under the psychiatrist's supervision, Eve will stay on the antidepressant for a few more months, then gradually wean herself off. Meanwhile, finding strategies to deal with problems has made their marriage happier and stronger." ●

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Hair today...



Q My father lost most of his hair in his forties. Now my hair appears to be thinning. Should I be worried?

A "Actually, the gene that controls hair loss in women is inherited from the mother's side of the family," says Brian Thompson, senior trichologist (hair and scalp expert) at the Philip Kingsley Trichological Centre, in New York City. "But hair loss can be due to a number of factors: poor nutrition, stress, hormonal imbalances, pregnancy and menopause. There are a few signs that thinning hair may be a result of the inherited gene: Hair will thin out from the top front and top rear and sometimes at the temples, with new growth not exceeding one inch. Taking estrogen replacement therapy can help remedy the problem, but first try using products better suited to your hair's new texture."

ASK the beauty doctor

Do your hands and feet get cold from just *thinking* about shoveling the driveway? If your extremities are quick to freeze, there are a few things you can do. "Keep clothing loose," says Maria Pavlis, M.D., a cardiologist at Greenwich Hospital, in Connecticut. "Wear mittens—not gloves—and make sure your toes have wiggle room in boots. Also keep yourself in motion to boost blood flow, which will warm you. Aerobic exercise, twenty to thirty minutes, three times a week, will help circulation, too."

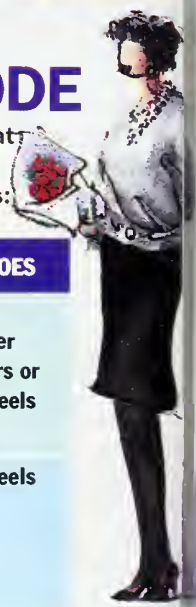
CRACKING THE DRESS CODE

There's nothing worse than being inappropriately dressed at a party, and holiday invitations too often don't give clear clues. Just in time for the season, some handy translations:

DRESS CODE/ TYPE OF PARTY	OUTFIT	ACCESSORIES	SHOES
SMART CASUAL *friend's brunch*	bright colors; no severe, formal lines (tie a sweater over shoulders instead of a scarf)	minimal; try silver	shiny leather loafers or low heels
CORPORATE CASUAL *in-office party, business cocktails*	wear-to-work clothes; pants okay as part of a suit	understated; add a pin or string of pearls	low heels
CREATIVE BLACK TIE *boss's dinner party, fund-raiser ball*	dresses: long columns or short and shoulder-baring; the feminine tux look	elegant and/or dramatic baubles okay	heels in textured fabric (velvet, peau de soie)
HOLIDAY FESTIVE *neighbor's open house, ladies' luncheon*	pair sparkly metallics with classics (a sheer acetate blouse and wool crepe skirt)	try a whimsical barrette or pin	patent leather or velvet



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CRASH COURSE

How to hide a cold with MAKEUP

Does your stuffy red nose clash with your party dress? Dallas-based makeup artist Kay Reeder often has to make models with awful colds look great. Her strategy: Keep makeup light and fresh. First, she moisturizes dehydrated skin, especially around the eyes and nose, then uses concealer to disguise redness, followed by light layer of creampowder foundation, which offers the best coverage. To help eyes look alert, she applies a creamy brown pencil line to top lashes, using a short back-and-forth motion instead of one hard, continuous stroke, and sticks to pale brown or gray shadow—nothing with red in it. Last, to counteract sallowness in flu-ridden faces, she uses sheer pink powder blush.

Exercise of the month



To look leaner in leggings, and for a sleeker slacks silhouette, try this move from Penny Heffelsinger, Fitness Director at Safety Harbor (Florida) Resort and Spa, and trim that hard-to-get-at inner/outer thigh area: Using a rolled towel for lower back support, lie flat, arms at sides, palms down, legs raised, knees bent and soles of feet pressed together (a). In one fluid motion, bring feet closer to the body, then straighten legs without separating feet (b). Do two sets of 12, three to four times a week.

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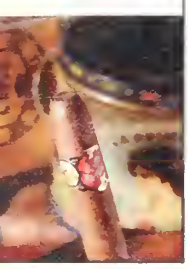
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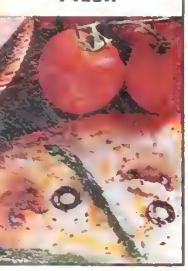
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THE FRANKLIN MINT

Answered Prayers



Doctors gave me a new pair of lungs, but faith gave me back my life

By Tracy Bussani, as told to Ronny Frishman

When I go to church with my family on Christmas Eve to celebrate the miracle that took place nearly two thousand years ago, I will give special thanks, as I do every day, for the miracles in my own life. Nearly two years ago, I almost died from complications of an organ transplant, and even today, my doctors aren't sure what turned me around. But I know—it was prayer.

When my parents married, they had no idea they were both carriers of cystic fibrosis (CF), the most common fatal genetic disease in the U.S. In CF, which is passed on by both parents, the body produces thick, sticky mucus that clogs the lungs and inhibits digestion. Chronic, debilitating lung infections are common, and many patients die before age thirty.

I was already eighteen months old when my mother read an article about CF that described all the symptoms I had: constant hunger, unusually foul-smelling stool and a potbelly. Doctors confirmed her suspicions and gently added that I probably wouldn't live past my teens. Despite that grim prediction, I was still well after two years, so my parents took the chance and had a son. This time, the odds turned against them; desperately ill with CF, Brent died shortly before my third birthday. Advised not to have any more children, my parents went on to adopt my sister, Valerie.

Growing up, I was so healthy that I pretended I didn't have CF. I was a cheerleader, played tennis and ran track for my high school in upstate New York. My problems were centered in my digestive system, so I ate an enriched diet and took pancreatic enzyme supplements. To keep my airways clear, my father would drape me over his lap every day and tap my back and chest.

It wasn't until college that CF began to take its toll. In my dorm, I had the first of many episodes of hemoptysis—an unpredictable, sometimes life-threatening CF complication in which a blood vessel in the lung breaks, sending blood gushing from the nose and mouth. After that, the bleeding struck several times a year until I was in my late twenties; sometimes doctors had to plug the leak with a special gel.

I married my husband, Gianni, a teacher, in 1987. My doctor recommended we adopt our children, but I wanted to try pregnancy first, even though my genes would make the baby a CF carrier. Blood tests to screen for the gene weren't yet available for Gianni; however, the odds were good that he wasn't a carrier. (Genetic counselors told us that his Italian background put him at lower risk for the CF gene than my northern European one.) I can't explain it, but once I became pregnant, I had faith that everything would be all right. Sure enough, our healthy son, Alexander, was born in 1992.

I threw myself into motherhood and my job as a cheerleading coach, all the while trying to ignore the fact that my health was declining. I was getting short of breath and couldn't walk long distances. *(continued)*

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Then, one day in 1994, I had another bad bout of hemoptysis. My body couldn't take this much longer.

My doctor, Robert Schwartz, M.D., told me I needed a double lung transplant, the only treatment for CF patients with advanced lung disease. Patients wait an average of two years for donor lungs, so I had to get on the waiting list immediately.

I was referred to the University of North Carolina at Chapel Hill, one of the country's most successful lung-transplant centers. After a rigorous evaluation, I was accepted as a candidate and sent home to wait.

It was so uplifting to know that hundreds of people worldwide, many of whom I didn't know, were asking God to help me



Tracy and her family today

Although our health insurance covered the medical costs, we needed additional money for travel and other expenses. Friends held fund-raisers for us, and parents of the soccer-team members Gianni coached held a special benefit auction, raising nearly $16,000!

Our community's spiritual support was a special comfort. A former neighbor told us that my health had been a focus of her prayer group for years, and my name was mentioned in healing prayers in our church. Our priest came to our home with some parish members to offer me a healing blessing and anoint me with oil.

My family's faith was a quiet constant in our lives, and we believed in prayer. Word of my upcoming surgery spread to my dad's extended family in the Netherlands and Gianni's relatives in Buffalo, Canada and Italy. They all added me to their prayer chains—groups of people, usually from the same congregation, who pray for a particular person in crisis. It was so uplifting to know that hundreds of people worldwide—many of whom I didn't even know—were asking God to help me.

In December 1995, my name neared the top of the transplant list, and I moved to Chapel Hill with my mother, sister and Alex, who was then three. For three months, we waited in North Carolina for a compatible pair of donor lungs. In January, I developed an infection so severe that my surgeon offered to give me an available set of imperfect lungs (one lobe had pneumonia and would have to be removed), just to give me a better chance of survival. In a heart-wrenching moment, I turned down the offer and prayed for a healthy pair.

At last, in March, my surgical team located two good lungs and I underwent the surgery. The first few days after the transplant were fine; I was even strong enough to get out of bed. But once the respirator was removed, I developed adult respiratory distress syndrome, a lung disease usually caused by an infection, systemic illness or trauma. Unable to breathe, I was put back on the respirator and heavily sedated so my muscles wouldn't use too much oxygen.

Week after week, I stayed in the induced coma, fed by a tube and totally unaware of what was happening. Doctors told my family I had a 30 percent chance of pulling through. Gianni began planning my funeral.

Family and friends continued to pray daily for me. My husband sought solace in the visits of a local nun and priest. Then—for reasons no one can explain—shortly after Easter, my lungs slowly began to heal. By April 22, I regained consciousness, and I knew right away that God had heeded the prayers said for me.

During my intensive rehabilitation therapy, I was bolstered by the notes I received from friends back home who said they were continuing to pray for me. Gradually, I became stronger, and the day I was finally weaned off the respirator was a triumph. When I said, "Hi, honey," to Gianni—the first words I had spoken in three months—he wept.

In August 1996, five months after the transplant, I went home. My recovery impressed the doctors, even though they knew I had a strong will. Linda Paradowski, M.D., medical director of UNC's lung-transplant center, told my family, "I had an inner feeling that Tracy would get through it."

Today, I lead a gloriously routine life as an assistant cheerleading coach, wife and mother of two; we adopted our beautiful sixteen-month-old daughter, Gabriella, from Guatemala this fall. I get joy from biking with Alex or simply running up the stairs without gasping. My lung function is monitored daily, I still take enzymes to *(continued)*

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METROGEL Topical Gel and METROCREAM Topical Cream are indicated for topical application in the treatment of inflammatory papules and pustules of rosacea.
CONTRAINDICATIONS:
METROGEL Topical Gel and METROCREAM Topical Cream are contraindicated in individuals with a history of hypersensitivity to metronidazole, parabens, or other ingredients of the formulations.
PRECAUTIONS:
General:
Topical metronidazole has been reported to cause tearing of the eyes. Therefore, contact with the eyes should be avoided. If a reaction suggesting local irritation occurs, patients should be directed to use the medication less frequently or discontinue use. Metronidazole is a nitroimidazole and should be used with care in patients with evidence of or history of blood dyscrasia.
Information for patients:
These medications are to be used as directed by the physician. They are for external use only. Avoid contact with the eyes.
Drug interactions:
Oral metronidazole has been reported to potentiate the anticoagulant effect of warfarin and coumarin anticoagulants, resulting in a prolongation of prothrombin time. The effect of topical metronidazole on prothrombin time is not known.
Carcinogenesis, mutagenesis, impairment of fertility:
Metronidazole has shown evidence of carcinogenic activity in a number of studies involving chronic, oral administration in mice and rats but not in studies involving hamsters.
Metronidazole has shown evidence of mutagenic activity in several *in vitro* bacterial assay systems. In addition, a dose-response increase in the frequency of micronuclei was observed in mice after intraperitoneal injections, and an increase in chromosome aberrations has been reported in patients with Crohn's disease who were treated with 200-1200 mg/day of metronidazole for 1 to 24 months. However, no excess chromosomal aberrations in circulating human lymphocytes have been observed in patients treated for 8 months.
Pregnancy: *Teratogenic effects: Pregnancy category B*
There are no adequate and well-controlled studies with the use of METROGEL Topical Gel or METROCREAM Topical Cream in pregnant women. Metronidazole crosses the placental barrier and enters the fetal circulation rapidly. No fetotoxicity was observed after oral metronidazole in rats or mice. However, because animal reproduction studies are not always predictive of human response and since metronidazole has been shown to be a carcinogen in some rodents, this drug should be used during pregnancy only if clearly needed.
Nursing mothers:
After oral administration, metronidazole is secreted in breast milk in concentrations similar to those found in the plasma. Even though blood levels with topically applied metronidazole are significantly lower than those achieved after oral administration, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.
Pediatric use:
Safety and effectiveness in pediatric patients have not been established.
ADVERSE REACTIONS:
In controlled clinical trials, the total incidence of adverse reactions associated with the use of METROCREAM Topical Cream was approximately 10%. Skin discomfort (burning and stinging) was the most frequently reported event followed by erythema, skin irritation, pruritus, and worsening of rosacea. All individual events occurred in less than 3% of patients.
The following adverse experiences have been reported with the topical use of metronidazole: burning, skin irritation, dryness, transient redness, metallic taste, tingling or numbness of extremities, and nausea.
DOSAGE AND ADMINISTRATION:
Apply and rub in a thin film of METROGEL Topical Gel or thin layer of METROCREAM Topical Cream twice daily, morning and evening, to entire affected areas after washing with a mild cleanser.
HOW SUPPLIED:
METROGEL Topical Gel (0.75% metronidazole) is supplied in a 1 oz. (28.4 g) aluminum tube - **NDC** 0299-3835-28 and a 45 g aluminum tube - **NDC** 0299-3835-45.
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help my digestion, and there is always the possibility of organ rejection. But I choose to look at each day as a special gift.

I usually try not to draw attention to myself in church, but on the first anniversary of my transplant, we sat up front because it was such a special day. Seeing me, our priest had me stand before the congregation, and he broke down as he spoke of my miraculous turnaround.

Hard as it is to fully express my gratitude, I've written to the donor's family to tell them how much I admire their difficult sacrifice. Because of their selflessness, I have been blessed to see another holiday seaso

While I'm forever grateful to t medical professionals, I can nev discount all those prayers. I'll alwa believe that a higher power was loc ing out for me. ●

Keeping the faith

While spirituality takes on a special significance at this time of year, many women say it plays a prominent role in their everyday lives. According to *Ladies' Home Journal*'s recent American Woma Survey, an overwhelming majority of respondents—72 percent—say they're very satisfied with their spiritual well-being. They also report that they practice what they preach: Seventy-eigl percent describe themselves as "being good person."

Rx: Religion

Can spirituality actually bring about healing? Evidence suggests that it does. Since the 1950s, studies have demonstrated that prayer can ease asthma, high blood pressure and anxiety. In laboratory experiments, prayer from the scientists seemed to affect the growth rates of fungi, yeast and plants. Other research shows that religious affiliation and frequent attendance at services are associated with lower death rates, though many experts attribute this partly to the strong social network and healthy behaviors encouraged by religious communities.

Epidemiologist Jeff Levin, Ph.D., is a senior research fellow at the National Institute for Healthcare Research (NIHR), in Rockville, Maryland, a nonprofit organization dedicated to the study of religion and health. Having reviewed more than 200 medical studies dating back to the nineteenth century, Levin concludes that religious commitment enhances health and that evidence shows prayer plays a therapeutic role in disease. "In fact, a lack of spirituality seems to be a risk factor for higher rates of illness," he adds.

Randolph C. Byrd, M.D., a former cardiologist at San Francisco General Hospital, conducted a landmark 1988 study on the effects of intercessory prayer (praying on someone else's behalf). Byrd randomly divided 393 coronary-care patients into two groups: those who did receive prayers from people they'd never met, and those who didn't. After ten months, patients receiving prayer had fewer complications, needed less medication and had a slightly better overall medical course than those in the control group. Dale Matthews, M.D., a senior fellow at the NIHR, is currently testing the healing effects of hands-on and intercessory prayer on rheumatoid arthritis patients.

But the mystery remains: No one has yet been able to explain just why prayer works. Herbert Benson, M.D., president of the Mind/Body Medical Institute and associate professor of medicine at Harvard Medical School, in Boston, asserts that the mere act of believing—be it in God, the doctors or one's own inner strength—is the key to healing.

Of course, many faithful patients (and some of their doctors) have no doubt that a higher power is indeed at work. In a recent *Newsweek* poll, 79 percent of respondents who pray regularly said they believed God answers prayers for healing. Says Levin, "Scientists are hung up on the 'whys.' Most people think the 'whys' are interesting, but they just want to get better." —R.F.

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Pediatric Nurse Sara Herbert

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Quote Of The Month



"I asked my daughter once, I said, 'Honey, is it a pain for you having both me and Murphy Brown for a mother?' And she said, 'A big one.'"
—Candice Bergen on *Larry King Live*

Fraud Alert

As the stock market soars, so do opportunities for fraud. According to Michael Jones, vice president at the National Association of Securities Dealers (NASD), in Washington, D.C., cold calling, when potential investors are solicited in get-rich schemes, is on the rise. In addition, says Andrew Kandel, chief of the Investor Protection and Securities Bureau for the New York Attorney General's Office, "we've seen a big increase in complaints that a broker doesn't follow a sell order." This is often part of a scheme, he says, to sell stock so that a company's backers can dump their own shares at pumped-up prices.

Before investing, get something in writing, says Jones. The NASD (800-289-9999 or *www.nasdr.com*) offers free background checks on registered brokers. If you've been scammed, call the firm's compliance officer. Your local NASD regulator can also help.

—Jan Hopkins, *Your Money*

The right cup of tea

It's no secret that green tea is good for you. But researchers at the University of Kansas, in Lawrence, recently found that an antioxidant in the tea is actually one hundred times more effective than vitamin C, twenty-five times better than vitamin E, and twice as powerful as red wine at protecting cells from damage linked to cancer and heart disease. Black or oolong teas have about half the punch as the green stuff, say the researchers. Of course, nothing beats a balanced diet, but when it comes to tea, think green. **—Carolyn O'Neil, *On the Menu***

Overdosing your child?

When your child is sick, you do anything to help her feel better. But more often than not, says a recent study, well-meaning parents give their kids the wrong amounts of over-the-counter medications.

When researchers asked parents to demonstrate a dose they would give their child, fewer than half gave the proper amount, according to Harold Simon, M.D., at Egleston Children's Hospital, in Atlanta. Many simply don't read labels, while others don't measure properly, says Simon. When the label says to use a teaspoon, many grab one from the kitchen. But not all teaspoons are alike, and you could be under- or overdosing by as much as 20 percent, he says. Read labels carefully and, when possible, use the accompanying measuring device, he advises. What most parents don't realize, Simon adds, is that in larger doses, these medicines can have dangerous side effects, and in too small doses, they do no good. —Rhonda Rowland, *Your Health*



Are you giving the proper amount?

Watch CNN's Your Health for the week's top medical news (Saturday, 2 P.M., E.T.) and Your Money for personal finance (Saturday, 2:30 P.M., and Sunday, 6:30 A.M., E.T.).

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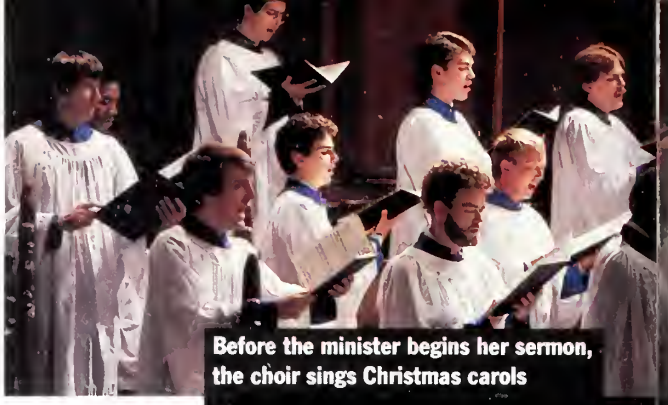
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'Twas the night before Christmas

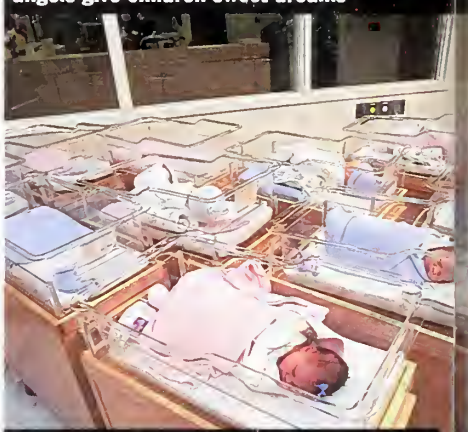
While some of us are home celebrating, others are working hard on December 24. Ladies' Home Journal traveled across the country, from evening church services to a maternity ward, to find out how these busy people spend Christmas Eve



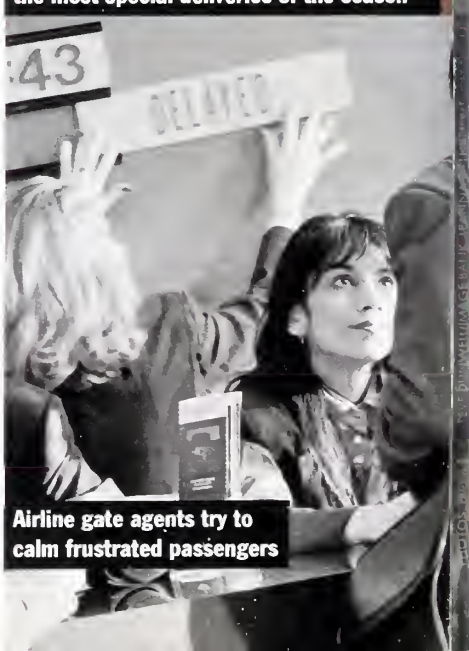
Before the minister begins her sermon, the choir sings Christmas carols



At a children's shelter, real-life angels give children sweet dreams



In busy maternity wards, nurses help make the most special deliveries of the season



Airline gate agents try to calm frustrated passengers

THE GREATEST GIFT

It's 7:25 P.M., and the staff in the labor and delivery ward at Columbia Rose Medical Center, in Denver, is preparing for the unexpected. At the moment, there are only three women in labor, compared to the hospital's average of eleven per day. But according to nurse Pam Costanza, thirty-six, holidays are notoriously unpredictable. She and the other R.N.s trade stories of Christmas Eves past: those when they had so many patients they could barely keep up, and those when they had no patients at all (most doctors don't induce labor on a holiday). Even though the ward is relatively quiet now, the nurses know that can change quickly.

By 8:25, Pam's patient, Valerie Van Lerberghe, twenty-five, is fully dilated and ready to deliver. Pam coaches the first-time mom through the birth, joking to Valerie and her husband, Doug, that "this is the easy part. It's raising them that's hard." After a few minutes, obstetrician Terry Downing, M.D., steps in for the delivery. Valerie and Doug tell the doctor they're hoping for a boy.

At 9:11, their wish comes true: Austin James, a healthy eight-pound, six-ounce baby boy, is born. Says Valerie happily, "He's our best present."

As ecstatic relatives fill the room, Pam quietly finishes up her work and leaves the family to celebrate in private. "Ninety-nine percent of the time, I've got a great job," she says. "People are glad to be here when they come in, and they're happy when they leave."

A few minutes later, Pam gets a call from her kids—aged eight, six and three—who want permission to stay up later. "No," says Pam firmly. She hangs up and jokingly bemoans the fact that because she's Jewish, she doesn't have Santa Claus to hold over them.

At eleven-thirty, the nurses gather in their break room for potluck and gossip. Of the five nurses still on duty, only one needs to save her energy for her kids the next morning. The rest either don't celebrate Christmas or their children *(continued)*

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- 1 can (10 3/4 oz.) Campbell's® Condensed Cream of Mushroom Soup
- 2 1/4 cups water
- 1/2 tsp. dried basil leaves, crushed
- 2 cups frozen vegetable combination (broccoli, cauliflower, carrots)
- 2 cups ***uncooked*** corkscrew pasta
- Grated Parmesan cheese

1. In skillet brown chicken in hot oil. Set aside. Add soup, water, basil and vegetables. Heat to a boil.
2. Add ***uncooked*** pasta. Cook over medium heat 10 min., stirring often. *The pasta cooks right in the soup!*
3. Add browned chicken. Cook 5 min. or until pasta is done, stirring often. ***Sprinkle with cheese***. Serves 4.

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THE NIGHT BEFORE CHRISTMAS

Continued

are grown and spending the holidays elsewhere. Tomorrow morning, Pam will sleep while her husband takes their kids to the movies, an annual Christmas Day ritual. She has to be back at work the next evening.

For a few hours, all is quiet. Then, just after two A.M., the phones begin to ring. Three moms-to-be are on their way in. The nurses spring into action, rushing to prepare delivery rooms and page the on-call doctors. "Merry Christmas," jokes one. "It looks like Santa has arrived!"

—*Heather Moors Johnson*



For children at the Casa de los Niños shelter, Christmas is bittersweet

SAVING THE CHILDREN

Six toddlers romp in a cheerful playroom. A Christmas tree twinkles merrily in the corner. But for the kids at Casa de los Niños, a residential shelter for abused, neglected and homeless children in Tucson, Arizona, the holiday is bittersweet.

A chubby little boy walks up to primary-care worker Mindy Flannery, twenty-three, and crawls into her lap. She gives him a big hug. "Sam* just got here today," she explains. The toddler and his two older sisters were taken from their home by Child Protective Services and brought to Casa with matted hair and dirty clothing. It was only when Sam was bathed and cleaned up that staff members noticed the bald patches on his head where his hair had been pulled out.

Sadly, that's not such an unusual sight at Casa. Founded in 1973, the shelter started out as a place where parents could leave their children temporarily in times of crisis. Today, about 60 percent of the kids at Casa were removed from their homes by social workers because their mothers and fathers have been deemed unfit.

Like all Casa employees, Mindy sees the results of child abuse every day. She works hard to make the children feel safe, secure and loved. "I want to make a difference to them," she explains.

And she does. When Sam seems reluctant to join the other children on the climbing gym, Mindy cuddles him. As if by magic, another little boy brings a red ball over and offers it to Sam. The toddler snatches it and hugs it to his chest. "Sam," Mindy says gently, "Patrick* wants to play ball." After a minute, Sam rolls the ball to Patrick, who rolls it right back. Soon the two are playing happily.

Next door, the older children are visiting with Santa. He hands out candy canes and teddy bears to each of the grade-schoolers. One little boy marvels that his bear is wearing blue jeans just like his. Most hug the teddies so tightly it's a wonder the stuffing doesn't fly out.

Santa stops by the playroom and says hello to the toddlers, giving each of them a stuffed reindeer. Most of the children amuse themselves by pushing their reindeer down the slide, but one little girl, Fay*, won't leave Mindy's side. "This is her second visit," Mindy says. While the average stay at Casa is forty-five days, one child has been at the shelter for a year, and another, almost as long.

At bedtime, Mindy tends to the children one by one. She changes their diapers, gives them a bottle if they need one, and takes them to the nursery, where the lights are low and soft music is playing. She puts Fay in bed and covers her with a patchwork coverlet stitched by a local quilter. (The shelter relies on both public and private funding and donations.) Mindy gives the little girl a hug and whispers, "I love you." She saves Sam, the newcomer, for last. "It's his first night and I'm not sure how he'll react," she explains. But Sam takes his bottle happily, accepts his hug and smiles up at Mindy. Within minutes he, too, is sound asleep, safe, warm and loved—at least for tonight.

—*Michele Morris*

**Name has been changed.*

THE SPIRIT OF CHRISTMAS

It's 3:45 P.M., and parents are scurrying about the fellowship hall at Asbury First United Methodist Church, readying their children for the annual Christmas pageant. Margie Mayson adjusts the wings of a blond angel, then turns to straighten the costume on her eleven-year-old daughter, Kiah, who is playing Mary.

For most people, Christmas Eve is a time to reflect, and gather quietly with family and friends. For Margie, one of four pastors at this two-thousand-member church in Rochester, New York, it is a spiritual marathon celebrated with services at four-thirty, seven-thirty and eleven P.M.

"This is our busiest night," says Margie, forty-six. "But I enjoy it. I find the presence of God most in the community."

Ten minutes before the start of the pageant, the organ music begins and the pews fill with young families. Margie slips into the small study where she and *(continued)*

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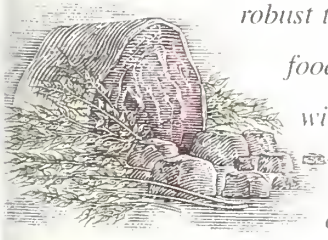
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her three colleagues quickly don matching black robe and stoles of turquoise patchwork. Margie wears blue o ament earrings for a festive touch.

The service is a team effort, and the pastors rush t the rear of the sanctuary, taking their places in the pr cessional as it makes its way down the aisle to th singing of "O Come, All Ye Faithful."

Margie walks to the lectern, her voice resonant as sh leads a prayer of thanks, and later reads from Scriptur Aside from the whining and crying of small children, th pageant goes off without a hitch.

Afterward, Margie greets congregants. Her husban Wes Perkins, stops in with Kiah and their other daugh ter, Jessica, fourteen, who sings with the youth choi "We're outta here," says Wes, who is taking Kiah hom until the eleven P.M. service. Margie and Jessica stay t help rearrange the chancel.

By seven P.M., worshipers are pouring into the churc again. There's been one last-minute program change i the pageant: The child playing the baby Jesus has deve oped jaundice and must be replaced with a doll.

Just past nine, Margie heads home for a quick dinne Her schedule has been overloaded all day; she rose ear that morning to go to the grocery store, and cleaned th house to get ready for relatives who will arrive the ne day. But despite her best attempts to stay organize time ran out an she never finishe wrapping all h gifts. This cho nags at the back her mind.

By 10:45 P.M she's back church, gettin ready for the fin service. It's aft midnight when th service ends. A Margie embrac her family, sh jokes that h cheeks ache fro so much smilin But despite her f tigue, it has been glorious Christm Eve: Two cho members becam engaged, and the is a dusting snow outside.

As she walks o the door, Margie dreading the hou

CHRISTMAS EVE COUNTDOWN

Santa isn't the only one who's busy on December 24. Consider:

- **the number of babies born in America: 6,999**
- **the number of cards, letters and packages delivered by the U.S. Postal Service: 625 million**
- **the number of Federal Express packages delivered: 4 million worldwide**
- **the number of airline passengers: 950,000**
- **the number of long-distance phone calls (via AT&T): 160 million**
- **the number of bouquets ordered from FTD: 142,702**

f gift wrapping yet to be done. But, she confides, she is uoyed by the thought of one small "miracle": She has :hristmas Day off. —*Ronny Frishman*

IRLINE ANGEL

May I help you?"

Sarah M. Lee, thirty-six, a United Airlines gate attendant at Chicago's O'Hare International Airport, says ıose words hundreds of times a day—and no matter ow hectic things are, almost always manages a smile. 'hat's true even now, at 9:45 P.M. on Christmas Eve, as ıe greets her last passengers of the day.

An air of calm has settled over Concourse B. The :hristmas rush died down around six P.M., but tempers ared throughout the day.

One man was so frustrated not to get his seating preftence that he threw his Premier Member card at Sarah. he gritted her teeth and kept smiling. "I understand ıat you're upset," she told him. At this time of year she nows that frayed tempers are as inevitable as the jokes bout her name. ("No relationship to the cheesecake," ıe tells the countless passengers who ask.)

But Sarah can be as firm as she is nice. That afteroon, a man carrying two metal cages was about to oard a plane when she stopped him. "Those are ferets. You can't take them on the plane," she said. 'ith a supreme display of chutzpah, the man tried to onvince her that they were actually Siamese cats. Those are *not* cats," Sarah told him, and refused to :t him board.

All day long, Sarah listened to—and eventually tuned ut—a background chorus of screaming children. There 'as concern in the early evening when an airplane mehanic was whisked to the hospital complaining of chest ains. But now, the nearly empty terminal is hushed. arah reminds herself that in one hour she will be home 'ith her husband, where they will observe an annual rital—toasting Christmas Eve with champagne as they 'rap presents for their two teenage children.

"What can I do for you?" she asks her final passengers, a couple who flew in from Aspen, Colorado, missed ıeir connection and are stuck in Chicago for the night. 'hey don't seem upset, only weary and relieved, as arah arranges for courtesy hotel accommodations.

"I'm wondering," says a young man standing behind ıem, "can you do the same for me?"

He explains that he has been in transit ever since he :ft Singapore seventy-two hours ago. His next plane oesn't leave until noon on Christmas Day, and he oesn't have the money for a hotel.

He is not really entitled to free lodging. But if Sarah oesn't help him, he will spend Christmas Eve huddled n one of the airport's benches. "No problem," she says, nd gives him a free voucher.

The man thanks her and walks off into the night. Gate 314 is now closed, but Christmas is just beginning.

—*Stephanie Goldberg* ●

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DIET DOCTORS' OWN Holiday Strategies

Who better to tell us how to avoid that seemingly inevitable holiday weight gain? Here, ten top doctors and nutritionists reveal their personal tricks for tipping the scale toward more fun, not extra pounds.
By Geoffrey Norman

Studies show that we tend to eat about fifty percent more when we're with groups of friends. So, at parties, I go through the buffet line and fill up my plate—there is nothing wrong with having small amounts of what you like. Then I sit down and eat. If I stand at the table and nibble, I don't get the visual cues that my appetite has been satisfied.

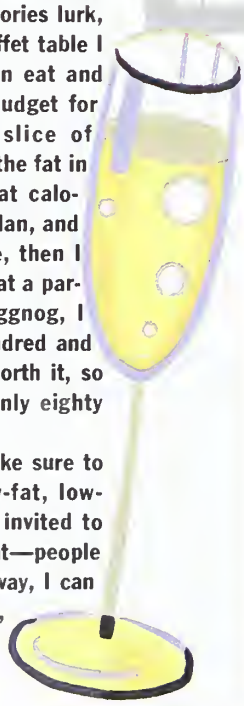
"When it comes to holiday baking, people measure success by how many dozens of cookies they have turned out. Well, you don't have to eat them all yourself. Some people appreciate getting home-baked cookies as gifts. I've given boxes and boxes of cookies at the holidays."—Barbara J. Rolls, Ph.D., professor of nutrition at Penn State, in University Park, Pennsylvania



Barbara Rolls, with dozens of home-baked cookies—to give as gifts

I make sure to have a plan and a budget—especially a fat-calorie budget. Because I understand where those calories lurk, when I look at the buffet table I can decide what I can eat and still stay within my budget for the day. For instance, a slice of cheesecake accounts for half the fat in a budget of three hundred fat calories. If it fits into my overall plan, and since I really like cheesecake, then I go ahead and enjoy it. If I am at a party where they are serving eggnog, I know that one cup is one hundred and seventy calories. That's not worth it, so I'll have champagne—with only eighty calories—instead.

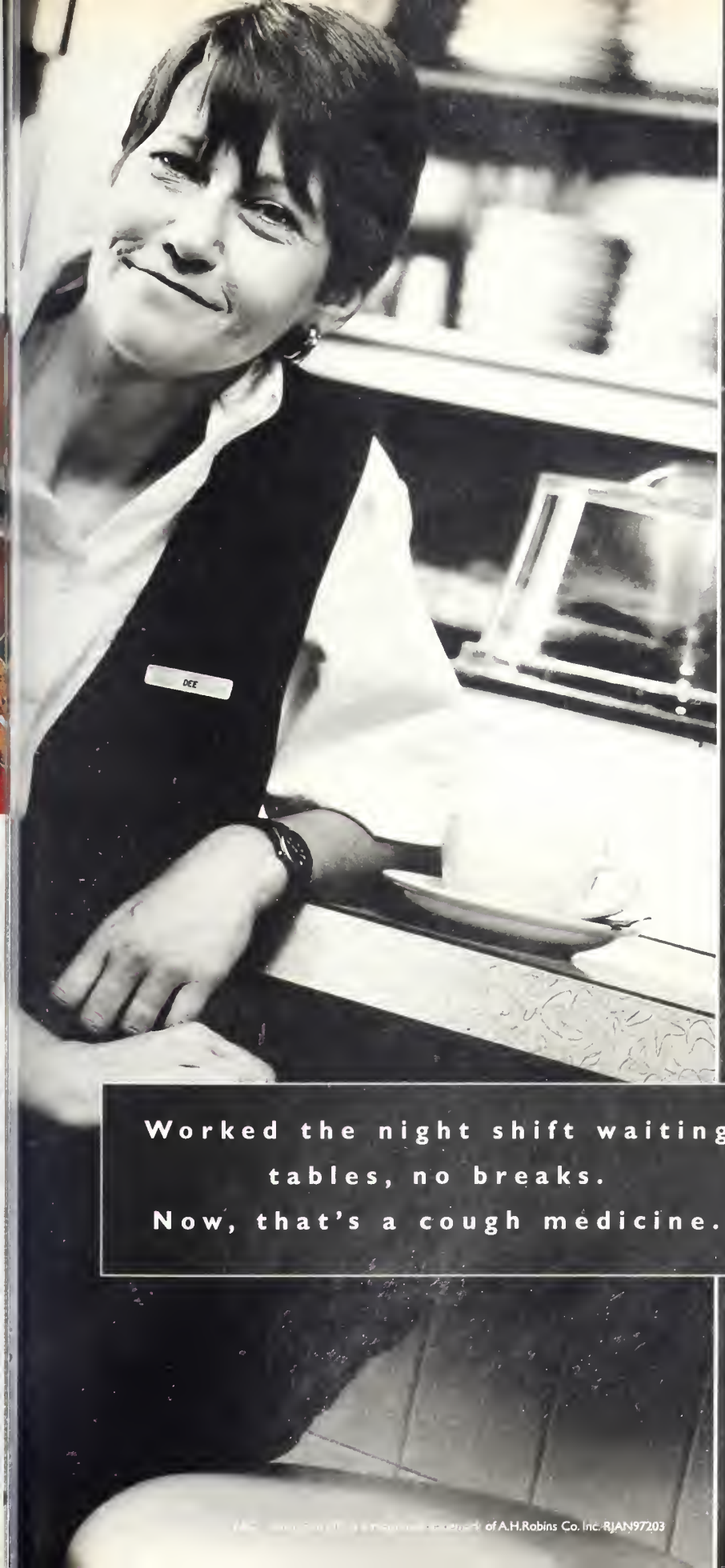
"When I have a party, I make sure to serve plenty of healthy, low-fat, low-calorie foods. And when I'm invited to one, I bring something low-fat—people usually appreciate it and, anyway, I can eat it myself." —Nancy Goor, co-author of *Choose to Lose* (Houghton Mifflin, 1995)



If I'm aiming to lose weight, I put this goal on hold during the holidays. It's too unrealistic. I always eat something with fiber before a party because it makes me feel full longer. Soup is good.

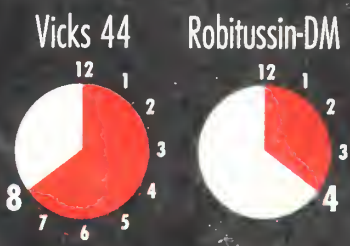
"When relatives are pushing food, I rave about how wonderful everything is and ask to take leftovers home. On pies I skip the crust, which saves more than two hundred calories. I tend to be the first one up from the table and I always volunteer to do the dishes.

—Pamela Savage-Marr, R.D., spokesperson for the American Dietetic Association (ADA), in Clarkston, Michigan



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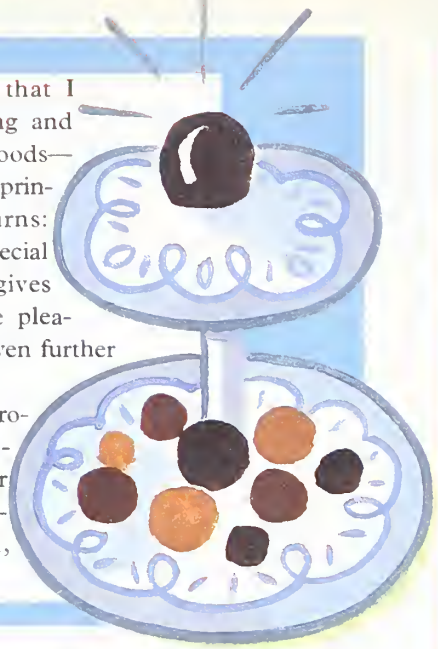
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I pass on the foods that I can get all year long and opt for the special foods—but I remember the principle of diminishing returns: The first bonbon is very special indeed, but the second gives only eighty percent of the pleasure and then there is an even further drop off with the third."

—Kelly Brownell, Ph.D., professor of psychology and director of the Yale Center for Eating and Weight Disorders, in New Haven, Connecticut



I do all my own housecleaning for the holidays. I buy a tape of cool Christmas songs and burn off two hundred to three hundred calories, plus have a lot to show for that hour.

"To save money and burn calories, I deliver every Christmas card in the neighborhood myself. I go to the mall twenty minutes early and walk the whole mall before I start shopping. That's a mile, and I burn a hundred calories.

"It's seventy miles from Nazareth to Bethlehem, so sometimes I walk seventy miles over the twelve days of Christmas. These are the kinds of goals I set.

"At parties, I start out with a diet soda and limit myself to one plate. I have one glass of alcohol and that's it. If someone presses me to have another, I call myself the designated driver. I try to volunteer at parties. If I'm setting up chairs, I'm less likely to eat.

"I also volunteer at a women's shelter. When you see people who are hungry, it changes your perspective. I ask people not to give me food gifts, but if they do, I give them to the shelter."

—Althea Zanecosky, R.D., a spokesperson for the ADA, in Philadelphia

"The number-one delicacy of the holidays is also my vice: cookies. I come from a family that always had baked goods and gourmet treats around. I avoid holiday cookies, and I don't serve them to guests. Availability creates craving. Instead, I serve cake or pie—something you can't pick at or grab easily. I also avoid nuts and dried fruits."

—Stephen Gullo, Ph.D., author of *Thin Tastes Better: How to Control Your Food Triggers and Lose Weight Without Feeling Deprived* (Dell, 1996) and a diet consultant in New York City

When I make desserts, I use skim milk instead of cream and put in egg whites instead of whole eggs. My own favorite is a sweet-potato pie. One slice is only one hundred sixty-three calories—and only thirty-three are from fat.



"Turkey, as long as you stick with the white meat, is very healthy—but don't get the pre-basted kind. And when making stuffing, I use chicken stock instead of butter."

—Wahida Karmally, M.S., R.D., director of nutrition at The Irving Center for Clinical Research at Columbia-Presbyterian Medical Center, in New York City



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TIMEX

HEALTH

How to help antibiotics help you.

Have you ever asked your doctor for antibiotics to treat a cold or the flu? Do you sometimes stop taking your antibiotic prescription once you start to feel better? Or have you ever saved "leftovers" for next time? If so, read on.

Since their discovery more than 50 years ago, antibiotics have been a key factor in fighting bacterial infections and keeping us healthy. If you've ever been diagnosed with such common conditions as pharyngitis, chronic bronchitis, or a middle ear infection, chances are you've taken them. Yet antibiotics remain one of the most misunderstood and misused medications.

The truth is, antibiotics should be taken only when necessary and are effective only when used properly. While only your doctor can determine when you need them, there is much you can do to help. Start by reading these facts, and tips on proper usage.

What is an antibiotic?

Antibiotics are medications that either kill bacteria or stop them from growing. They are most commonly prescribed for bacterial infections, often involving the lungs, throat, or middle ear. Different antibiotics may be used for different types of infections. Only your doctor can determine what infection you have and which antibiotic is appropriate to treat it.

When is it appropriate to take an antibiotic?

Antibiotics only work against bacterial infections. So if you have a viral infection, such as the common cold or flu, do not expect or insist that your doctor prescribe you an antibiotic. Only your doctor can determine the type of infection you have and whether an antibiotic is necessary.

Why are some antibiotics prescribed differently than others?

Each antibiotic has a different chemical structure and this affects the way it works in the body. The specific antibiotic and the type of infection it's being used to treat, determine the number of days and the number of doses per day the antibiotic needs to be taken. Some antibiotics can be taken for 5 days while others are taken for 10 to 14 days. It is important to take the specified number of doses each day for the number of days prescribed by your doctor. Let your doctor know if you're taking other medications, which could interfere with how your antibiotic works.

Why do I have to keep taking antibiotics after I start to feel better?

It's natural to begin feeling better when you first start your prescription, because the antibiotics have begun their job of knocking out harmful bacteria. But just because your symptoms are gone does not mean that your antibiotics have finished their work. If you stop antibiotics before the full course is finished, the infection may not be completely treated. Be sure to take the recommended amount of medication and follow your doctor's instructions carefully.

Remember these tips.

- It's up to your doctor to decide whether you need an antibiotic, and if so, which one.
- Don't insist on a prescription for an antibiotic if you have a viral infection, such as a cold or the flu.
- Don't stop taking antibiotics before you complete your prescription, even if your symptoms are gone.
- Follow your doctor's instructions carefully. Take doses on schedule for the number of days indicated.
- Let your doctor know if you're taking other medications.
- Never share your medication with anyone. If you have any left over, throw it away.
- As with all medications, keep your antibiotics out of children's reach.

Pfizer



Or ask your doctor about Zithromax. Five days and you're done.



If your doctor is prescribing an antibiotic for a bacterial respiratory tract infection such as chronic bronchitis, ask if Zithromax is right for you.

THE ONLY ONCE-A-DAY FOR FIVE DAYS ANTIBIOTIC.

Unlike other antibiotics, you take Zithromax just once a day for five days. And five days are as effective as ten days of conventional therapy, because Zithromax continues to work for several days after your last dose.

Zithromax is well tolerated. The most common side effects are diarrhea (5%), nausea (3%), and abdominal pain (3%). Although allergic reactions are rare, should one occur, discontinue this medication and contact your healthcare professional. See the brief summary on the next page for complete details.

ASK YOUR DOCTOR IF ZITHROMAX IS RIGHT FOR YOU.

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BRIEF SUMMARY

CONTRAINDICATIONS ZITHROMAX is contraindicated in patients with known hypersensitivity to azithromycin, erythromycin or any macrolide antibiotic.

WARNINGS Serious allergic reactions, including angioedema, anaphylaxis and dermatologic reactions including Stevens-Johnson Syndrome and toxic epidermal necrolysis have been reported rarely in patients on azithromycin therapy. Although fatalities have been reported. See **CONTRAINDICATIONS**. Despite initially successful symptomatic treatment of the allergic symptoms when symptomatic therapy was discontinued the allergic symptoms **recurred soon thereafter in some patients without further azithromycin exposure.** These patients required prolonged periods of observation and symptomatic treatment. The relationship of these episodes to the long tissue half-life of azithromycin and subsequent prolonged exposure to antigen is unknown at present. If an allergic reaction occurs, the drug should be discontinued and appropriate therapy should be instituted. Physicians should be aware that reappearance of the allergic symptoms may occur when symptomatic therapy is discontinued.

In the treatment of pneumonia, azithromycin has only been shown to be safe and effective in the treatment of community-acquired pneumonia due to *Chlamydia pneumoniae, Haemophilus influenzae, Mycoplasma pneumoniae,* or *Streptococcus pneumoniae* in patients appropriate for oral therapy. Azithromycin should not be used in patients with pneumonia who are judged to be inappropriate for oral therapy because of moderate to severe illness or risk factors such as any of the following: patients with cystic fibrosis, patients with nosocomially acquired infections, patients with known or suspected bacteremia, patients requiring hospitalization, elderly or debilitated patients, or patients with significant underlying health problems that may compromise their ability to respond to their illness (including immunodeficiency or functional asplenia). Pseudomembranous colitis has been reported with nearly all antibacterial agents and may range in severity from mild to life-threatening. Therefore, it is important to consider this diagnosis in patients who present with diarrhea subsequent to the administration of antibacterial agents. Treatment with antibacterial agents alters the normal flora of the colon and may permit overgrowth of clostridia. Studies indicate that a toxin produced by *Clostridium difficile* is a primary cause of "antibiotic-associated colitis." After the diagnosis of pseudomembranous colitis has been established, therapeutic measures should be initiated. Mild cases of pseudomembranous colitis usually respond to discontinuation of the drug alone. In moderate to severe cases, consideration should be given to management with fluids and electrolytes, protein supplementation and treatment with an antibacterial drug clinically effective against *Clostridium difficile* colitis.

PRECAUTIONS General: Because azithromycin is principally eliminated via the liver, caution should be exercised when azithromycin is administered to patients with impaired hepatic function. There are no data regarding azithromycin usage in patients with renal impairment. Thus caution should be exercised when prescribing azithromycin in these patients. The following adverse events have not been reported in clinical trials with azithromycin an azalide however they have been reported with macrolide products: ventricular arrhythmias, including ventricular tachycardia and *torsades de pointes*, in individuals with prolonged QT intervals. There has been a spontaneous report from the post marketing experience of a patient with previous history of arrhythmias who experienced *torsades de pointes* and subsequent myocardial infarction following a course of azithromycin therapy.

Information for Patients: ZITHROMAX tablets can be taken with or without food. Patients should also be cautioned not to take aluminum- and magnesium-containing antacids and azithromycin simultaneously. The patient should be directed to discontinue azithromycin immediately and contact a physician if any signs of an allergic reaction occur.

Drug Interactions: Aluminum- and magnesium-containing antacids reduce the peak serum levels rate but not the AUC (extent) of azithromycin absorption. Administration of cimetidine (800 mg) two hours prior to azithromycin had no effect on azithromycin absorption. Azithromycin did not affect the plasma levels or pharmacokinetics of theophylline administered as a single intravenous dose. The effect of azithromycin on the plasma levels or pharmacokinetics of theophylline administered in multiple doses resulting in therapeutic steady-state levels of theophylline is not known. However, concurrent use of macrolides and theophylline has been associated with increases in the serum concentrations of theophylline. Therefore until further data are available, prudent medical practice dictates careful monitoring of plasma theophylline levels in patients receiving azithromycin and theophylline. Concomitantly Azithromycin did not affect the prothrombin time response to a single dose of warfarin. However, prudent medical practice dictates careful monitoring of prothrombin time in all patients treated with azithromycin and warfarin concomitantly. Concurrent use of macrolides and warfarin in clinical practice has been associated with increased anticoagulant effects. The following drug interactions have not been reported in clinical trials with azithromycin, however, no specific drug interaction studies have been performed to evaluate potential drug-drug interactions. Nonetheless, they have been observed with macrolide products. Until further data are developed regarding drug interactions when azithromycin and these drugs are used concomitantly, careful monitoring of patients is advised. Digoxin-elevated digoxin levels. Ergotamine or dihydroergotamine-acute ergot toxicity characterized by severe peripheral vasospasm and dysesthesia. Triazolam-decrease the clearance of triazolam and thus may increase the pharmacologic effect of triazolam. Drugs metabolized by the cytochrome P-450 system-elevations of serum carbamazepine, terfenadine, cyclosporine, hexobarbital, and phenytoin levels.

Laboratory Test Interactions: There are no reported laboratory test interactions.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Long-term studies in animals have not been performed to evaluate carcinogenic potential. Azithromycin has shown no mutagenic potential in standard laboratory tests: mouse lymphoma assay, human lymphocyte clastogenesis assay, and mouse bone marrow clastogenic assay. No evidence of impaired fertility due to azithromycin was found.

Pregnancy: Teratogenic Effects: Pregnancy Category B. Reproduction studies have been performed in rats and mice at doses up to moderately maternally toxic dose levels (i.e., 200 mg/kg/day). These doses based on a mg/m² basis are estimated to be 4 and 2 times, respectively, the human daily dose of 500 mg. In the animal studies, no evidence of harm to the fetus due to azithromycin was found. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, azithromycin should be used during pregnancy only if clearly needed.

Nursing Mothers: It is not known whether azithromycin is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when azithromycin is administered to a nursing woman.

Pediatric Use: (INDICATIONS AND USAGE) Acute Otitis Media (dosage regimen 10 mg/kg on Day 1 followed by [illegible] days 2-5). Safety and effectiveness in the treatment of children with otitis media under 6 months of age have not been established. Community-Acquired Pneumonia (dosage regimen 10 mg/kg on Day 1 followed by 5 mg/kg on Days 2-5). Safety and effectiveness in the treatment of children with community-acquired pneumonia under 6 months of age have not been established. Safety and effectiveness for pneumonia due to *Chlamydia pneumoniae* and *Mycoplasma pneumoniae* were documented in pediatric clinical trials. Safety and effectiveness for pneumonia due to *Haemophilus influenzae* and *Streptococcus pneumoniae* were not documented bacteriologically in the pediatric clinical trial due to difficulty in obtaining specimens. Use of azithromycin for these two microorganisms is supported, however, by evidence from adequate and well-controlled studies in adults. Pharyngitis/Tonsillitis (dosage regimen 12 mg/kg on Days 1-5). Safety and effectiveness in the treatment of children with pharyngitis/tonsillitis under 2 years of age have not been established. **Studies evaluating the use of repeated courses of therapy have not been conducted. Geriatric Use:** Pharmacokinetic parameters in older volunteers (65-85 years old) were similar to those in younger volunteers (18-40 years old) for the 5-day therapeutic regimen. Dosage adjustment does not appear to be necessary for older patients with normal renal and hepatic function receiving treatment with this dosage regimen.

ADVERSE REACTIONS In clinical trials, most of the reported side effects were mild to moderate in severity and were reversible upon discontinuation of the drug. Approximately 0.7% of the patients (adults and children) from the multiple-dose clinical trials discontinued ZITHROMAX (azithromycin) therapy because of treatment-related side effects. Most of the side effects leading to discontinuation were related to the gastrointestinal tract, e.g., nausea, vomiting, diarrhea, or abdominal pain. Potentially serious side effects of angioedema and cholestatic jaundice were reported rarely. **Clinical: Adults:** *Multiple-dose regimen.* Overall, the most common side effects in adult patients receiving a multiple-dose regimen of ZITHROMAX were related to the gastrointestinal system with diarrhea/loose stools (5%), nausea (3%) and abdominal pain (3%) being the most frequently reported. No other side effects occurred in patients on the multiple-dose regimen of ZITHROMAX with a frequency greater than 1%. Side effects that occurred with a frequency of 1% or less included the following. **Cardiovascular:** Palpitations, chest pain. **Gastrointestinal:** Dyspepsia, flatulence, vomiting, melena, and cholestatic jaundice. **Genitourinary:** Monilia, vaginitis, and nephritis. **Nervous System:** Dizziness, headache, vertigo, and somnolence. **General:** Fatigue. **Allergic:** Rash, photosensitivity, and angioedema. *Single 1-gram dose regimen.* Overall, the most common side effects in patients receiving a single-dose regimen of 1 gram of ZITHROMAX were related to the gastrointestinal system and were more frequently reported than in patients receiving the multiple-dose regimen. Side effects that occurred in patients on the single one-gram dosing regimen of ZITHROMAX with a frequency of 1% or greater included diarrhea/loose stools (7%), nausea (5%), abdominal pain (5%), vomiting (2%), dyspepsia (1%), and vaginitis (1%). *Single 2-gram dose regimen.* Overall, the most common side effects in patients receiving a single 2-gram dose of ZITHROMAX were related to the gastrointestinal system. Side effects that occurred in patients in this study with a frequency of 1% or greater included nausea (18%), diarrhea/loose stools (14%), vomiting (7%), abdominal pain (7%), vaginitis (2%), dyspepsia (1%), and dizziness (1%). The majority of these complaints were mild in nature.

Children: *Multiple-dose regimens.* The types of side effects in children were comparable to those seen in adults, with different incidence rates for the two dosage regimens recommended in children. Acute Otitis Media: For the recommended dosage regimen of 10mg/kg on Day 1 followed by 5 mg/kg on Days 2-5, the most frequent side effects attributed to treatment were diarrhea/loose stools (2%), abdominal pain (2%), vomiting (1%), and nausea (1%). Community-Acquired Pneumonia: For the recommended dosage regimen of 10 mg/kg on Day 1 followed by 5 mg/kg on Days 2-5, the most frequent side effects attributed to treatment were diarrhea/loose stools (5.8%), abdominal pain, vomiting, and nausea (1.9% each), and rash (1.6%). Pharyngitis/tonsillitis: For the recommended dosage regimen of 12 mg/kg on Days 1-5, the most frequent side effects attributed to treatment were diarrhea/loose stools (6%), vomiting (5%), abdominal pain (3%), nausea (2%), and headache (1%). With either treatment regimen, no other side effects occurred in children treated with ZITHROMAX with a frequency of greater than 1%. Side effects that occurred with a frequency of 1% or less included the following:
Cardiovascular: Chest pain. **Gastrointestinal:** Dyspepsia, constipation, anorexia, flatulence, and gastritis. **Nervous System:** Headache (otitis media dosage), hyperkinesia, dizziness, agitation, nervousness, insomnia. **General:** Fever, fatigue, malaise. **Allergic:** Rash. **Skin and Appendages:** Pruritus, urticaria. **Special Senses:** Conjunctivitis.
Post-Marketing Experience: Adverse events reported with azithromycin during the post-marketing period in adult and/or pediatric patients for which a causal relationship may not be established include: **Allergic:** Arthralgia, edema, urticaria. **Cardiovascular:** Arrhythmias including ventricular tachycardia. **Gastrointestinal:** Anorexia, constipation, dyspepsia, flatulence, vomiting/diarrhea rarely resulting in dehydration. **General:** Asthenia, paresthesia. **Genitourinary:** Interstitial nephritis and acute renal failure. **Liver/Biliary:** Abnormal liver function including hepatitis and cholestatic jaundice. **Nervous System:** Convulsions. **Skin/Appendages:** Rarely serious skin reactions including erythema multiforme, Stevens-Johnson Syndrome, and toxic epidermal necrolysis. **Special Senses:** Hearing disturbances including hearing loss, deafness, and/or tinnitus; rare reports of taste disturbances.
Laboratory Abnormalities: Adults: Significant abnormalities (irrespective of drug relationship) occurring during the clinical trials were reported as follows with an incidence of 1-2%: elevated serum creatine phosphokinase, potassium, ALT (SGPT), GGT, and AST (SGOT), with an incidence of less than 1%: leukopenia, neutropenia, decreased platelet count, elevated serum alkaline phosphatase, bilirubin, BUN, creatinine, blood glucose, LDH, and phosphate. When follow-up was provided, changes in laboratory tests appeared to be reversible. In multiple dose clinical trials involving more than 3000 patients, 3 patients discontinued therapy because of treatment-related liver enzyme abnormalities and 1 because of a renal function abnormality. **Children:** Significant abnormalities (irrespective of drug relationship) occurring during clinical trials were all reported at a frequency of less than 1%, but were similar in type to the adult pattern.

DOSAGE AND ADMINISTRATION: Adults: The recommended dose of ZITHROMAX for the treatment of mild to moderate acute bacterial exacerbations of chronic obstructive pulmonary disease, community-acquired pneumonia of mild severity, pharyngitis/tonsillitis (as second-line therapy), and uncomplicated skin and skin structure infections due to the indicated organisms is 500 mg as a single dose on the first day followed by 250 mg once daily on days 2 through 5. **ZITHROMAX tablets can be taken with or without food.** The recommended dose of ZITHROMAX for the treatment of genital ulcer disease due to *Haemophilus ducreyi* (chancroid), non-gonococcal urethritis and cervicitis due to *Chlamydia trachomatis* is a single 1 gram (1000 mg) dose of ZITHROMAX. The recommended dose of ZITHROMAX for the treatment of urethritis and cervicitis due to *Neisseria gonorrhoeae* is a single 2 gram (2000 mg) dose of ZITHROMAX.

More detailed professional information available on request. Revised January 1997

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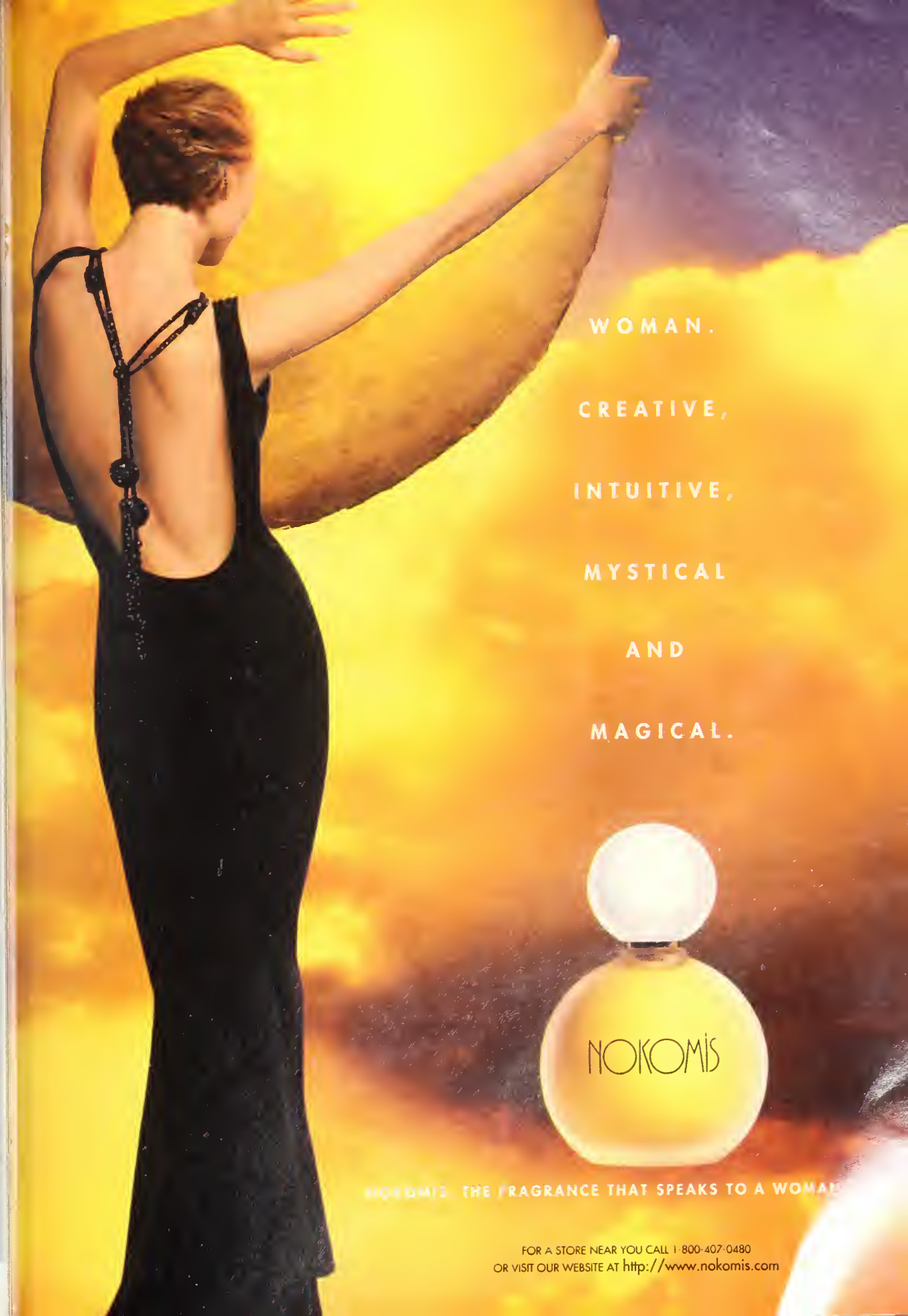
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Continued from page 50

I'm more disciplined than most because I'm on a special vegetarian, low-fat diet. I chose this way of eating to avoid my family's health problems—high blood pressure, stroke and cancer. My dad died of a heart attack at forty-something, and my mom had four strokes in her forties.

"If I'm going to a party and I know the host, I will alert her to my diet ahead of time. Knowing what is going to be served allows me to psych myself up. In the South, food is usually high in fat and calories. If I look over the table and there's nothing I can eat, then I don't. I say I've already eaten, then I grab a beverage and get into a conversation.

"I do love pecan pie, and during the holidays it seems like pies are coming out of the woodwork. I have a little this one time each year." —Barbara Dixon, L.D.N., R.D., a dietitian at the Dixon Medical and Nutrition Clinic and specialist on African-American diets, in Baton Rouge, Louisiana

"It feels rude to say 'None for me, thanks,' so we go ahead and eat when we really know we shouldn't. I eat small portions of those things that I know are high in calories and fat. You shouldn't tell yourself that you are going to pig out now and take a walk later or that you are going to go ahead and put on the pounds now and shape up in January."

—Bonnie Liebman, M.S., L.N., nutrition director of the Center fo Science in the Public Interest, in Washington, D.C

Before a party, I make sure my lunch is as light as it can be and still sustain me. Then I have a healthy snack right before the party—I never go starved. When I arrive, I have one nonalcoholic drink and get comfortable with the surroundings. Often, we eat out of nervousness and excitement.

"At a buffet, I take an overview of the food instead of grabbing the first thing I see. Then I make choices, including some samples of dessert. But desserts often look far better than they taste. If I don't really love it, I don't eat it.

"As a hostess, I try to help my guests. I use small plates for a buffet. I place higher-fat foods and desserts at the end of the table so people don't have much room on their plates when they get there. When recipes call for high-fat ingredients, I cut back. I toast nuts, which brings out the flavor, and then use less than the recipe calls for. I make a lot of fruit-based desserts, like apple and pear crisp." —Barbara Gollman, R.D., a culinary consultant and ADA spokesperson in Dallas, Texas

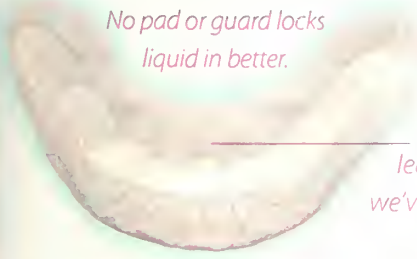
Geoffrey Norman is a freelance writer specializing in health and fitness.

Additional reporting by Anna Roufos and Corinne Domingo

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Q **HOW CAN I MAKE MY GUEST BEDROOM LOOK COZIER FOR VISITING FAMILY AND FRIENDS?**

A Guest quarters should be both inviting and relaxing. Say "welcome" with a vivid bouquet of red amaryllis, and "make yourself at home" with a new best-selling novel on the bedside table. Then drape a soft chenille throw on the arm of an overstuffed chair to give visitors a comfortable place to curl up and read. Add some decorative bed pillows in holiday colors, and put a fresh bowl of sleep-inducing potpourri (try lavender) in the room to ensure a good night's rest. Finally, remember to empty out the dresser drawers you've been using for storage all year so your guests have a place for the items they need to unpack.

HOME FACT It costs less than $3 to keep a Christmas tree aglow with lights for six weeks, according to Niagara Mohawk Power Corp., in Syracuse, New York. Twinkle on!

Before And After

Maybe you bought all-white everyday dishes to be practical, but that doesn't mean your table setting has to be colorless. For pizzazz, mix in decorative dishes and glasses from other sets you have, or start collecting salad plates or bowls that strike your fancy—just four or six should do. Layer in colorful placemats and napkins, and use a tinted instead of clear glass vase for a more vivid centerpiece.



A more creative mix and match

HOLIDAY STORAGE

The exhilaration of opening the first box of holiday decorations often turns to disappointment when you discover that yet another item didn't survive eleven months in a box. "Christmas decorations are like heirlooms," says Christopher Radko, a designer of ornaments and holiday home products. "You want to be able to pass them down to your kids and grandchildren." Here, he shares his storage secrets:

ORNAMENTS "Before you pack them, clean with a feather duster, but don't use liquid cleaners like Windex," says Radko. Then wrap the ornaments in microwavable paper towels (they're just as protective as, but less expensive than, acid-free tissue paper), and store them in hat or blanket boxes in a cool, dry place.



"Don't put them in a hot attic or a damp basement or garage," he says. "Instead, use a hallway closet or under-bed space."

WREATHS/TOPIARIES Wrap the entire piece in bubble wrap; keep cool and dry.

CANDLES Store them in a covered box so the light doesn't fade the pigment in the wax and the scent doesn't evaporate. If you have the space, put them in a refrigerator—cooled candles keep best.

—Deborah J. Baer



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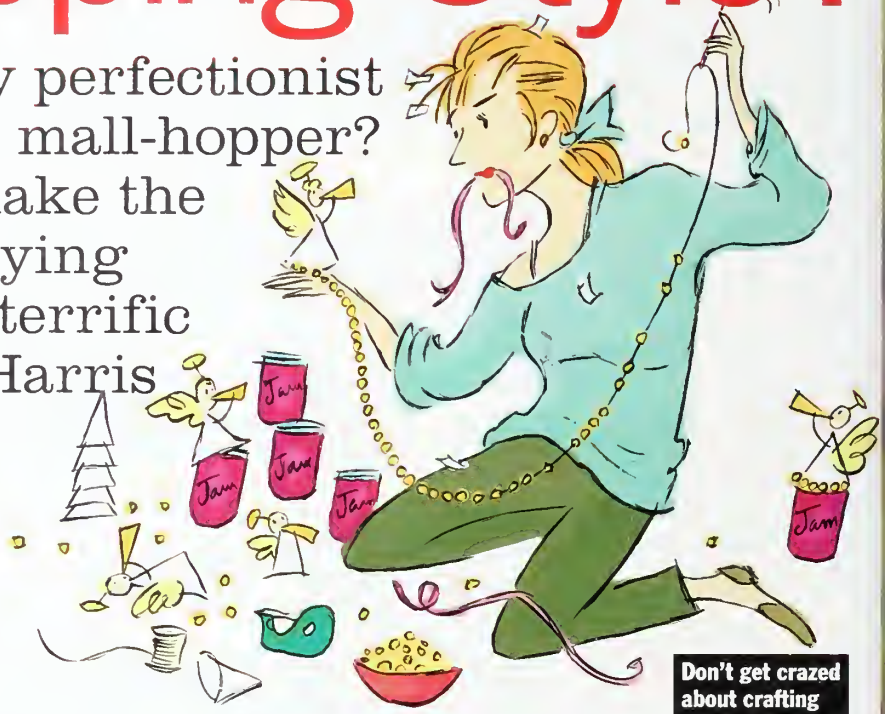
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What's Your Shopping Style?

Are you a picky perfectionist or a last-minute mall-hopper? Here's how to make the most of your buying habits and find terrific gifts. By Lynn Harris



Don't get crazed about crafting

If you've ever watched the swarm of shoppers at your local mall this time of year—some rushing around frantically, some laid-back, others anxiously counting their pennies—you know that not all holiday buyers are created equal. "Some people like having elaborate, systematic family gift-giving systems and spending limits, and others find that oppressive," observes Miriam Tatzel, Ph.D., a professor of human development at SUNY Empire State College, in Nyack, New York, who has studied shopping anxiety.

How you shop really depends on how you're wired. In other words, what works for the woman who keeps track of every gift she gives with special computer software won't help the woman who is still shopping in April for last Christmas.

Shopping advice, says Tatzel, should not be one-size-fits-all. Therefore, to make the chore easier—and more enjoyable—we suggest working with, not against, the buying habits you already have. "Don't waste time and energy fighting your shopping style," says Lisa Kanarek, author of *Everything's Organized* (Career Press, 1996). "The only right way to give gifts is to have fun."



Make the perfect list

To get started, find your personality profile below, and learn how to make the most of your money, time and holiday spirit by utilizing your tried-and-true *modus shoperandi*.

The Perfectionist

No prewrapped bath-soap assortments or shaving kits for this shopper. Each present must be individually selected and perfectly suited for its recipient no matter how long the search takes. Thoughtful as the Perfectionist may be, however, her ultra-choosy ways can leave her with her hands full—or empty—come holiday time. Lauren Schlesinger, twenty-five, still hasn't gotten her father his gift for last Christmas. "He likes shirts and ties, but repeating presents annoys me," Lauren says. "I feel compelled to find something unique."

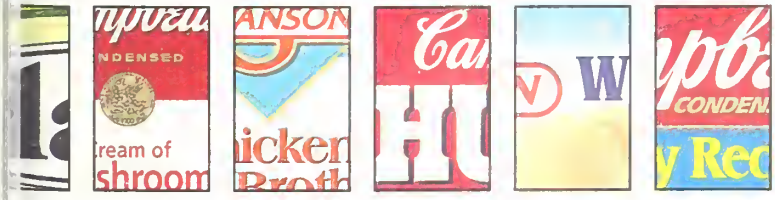
What's a Perfectionist to do? At the practical level, try keeping a running list of ideas year-round as they occur to you (or as your loved ones drop hints). That way, you can still come up with ideal presents, but without the pressure of an approaching deadline.

If you're one of those Perfectionists who tends to overspend in the effort to satisfy, try rethinking your standards without lowering them. For the sake of her sanity and bank account, Annie *(continued)*



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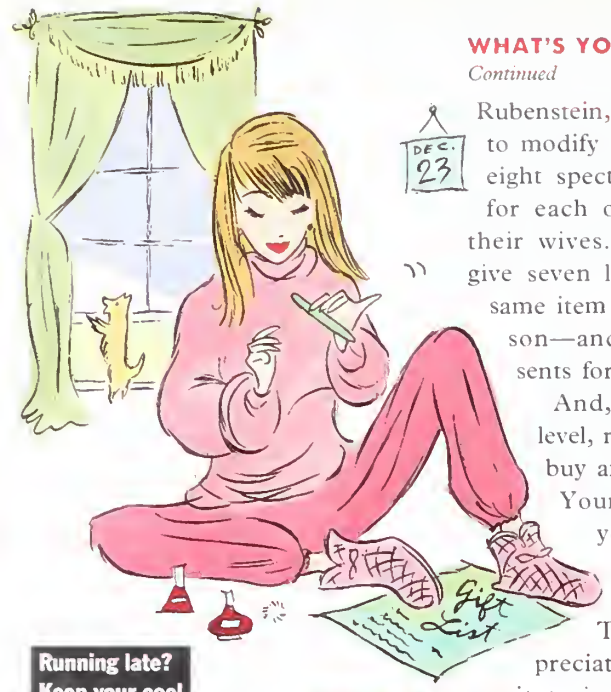
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NO WON? For a list of the Holidays Winner



Running late? Keep your cool

Rubenstein, sixty, realized she had to modify her tradition of buying eight spectacular Chanukah gifts for each of her three sons and their wives. Now, she says, "I'll give seven little things—often the same item to more than one person—and save the 'real' presents for the last night."

And, at the psychological level, remember that you can't buy affection with perfection. Your loved ones will love you, even if you don't give them the holiday of their dreams. Truthfully, they may appreciate it even more if you quit trying so hard. One busy Texas mom gave up her sumptuous Christmas breakfast banquets when her kids finally admitted they would be happier relaxing in their pj's with day-old doughnuts. Says Kanarek, "Focus more on doing what feels right than on doing The Right Thing."



Budgeters need discipline

The Crafter

Somehow I got it into my head two years ago that I was going to bake homemade dog biscuits for the canine owners on my list. Boy, did I learn my lesson. I was up all night, covered in bacon drippings and brewer's yeast—and to what end? Mandy, Scout and Rex were appreciative enough, but their humans just thought I was weird. And think of all the shopping I could have done in the time it took me just to find the bone-shaped cookie cutter I'll never use again. Sure, nothing says loving like something from the oven—or quilting frame or potter's wheel—but hours of toiling over those gifts can soon change even the most fervent crafter's love to burnout.



You can't please everyone

The point is, handmade doesn't have to get out of hand. "Don't judge the quality of a homemade gift by how complex and time-consuming it is," says Ann McGee-Cooper, author of *Time Management for Unmanageable People* (Bantam, 1994). "Intensive labor does not a better gift make."

Keep in mind that the Industrial Revolution did have its merits. McGee-Cooper's suggestion to would-be Martha Stewarts: Make one item in mass quantities; once you're done, if time permits, you can personalize them. Says forty-three-year-old Cathy Whitlow, a mom of three, "I come up with something I can make a dozen of and then get an assembly line going." Examples: evergreen wreaths bearing each family's initial; relishes or preserves in jars decorated with dried flowers and ribbons; monogrammed fabric book covers. Or, purchase multiples of a basic gift—photo albums, picture frames, flowerpots—then transform them with calligraphy pens or paint.

Cathy has also learned to delegate to her mom, who is a Crafter at heart. "She lives alone, so she enjoys helping me out by making things like afghans, dolls and Christmas stockings," Cathy says. "People think gifts are just as special, if not more so, made by her."

The Procrastinator

Here's a holiday gift to all you Procrastinators: You can put off trying to change your delaying tactics. You will not be a better person—or a better shopper—if you have everything bought and wrapped by the time you carve the Thanksgiving turkey. In fact, with the right attitude, last-minute shopping can produce great results.

I was stunned to hear my friend Christina Zwart, thirty-two, confess that she does her shopping at the eleventh hour, because her gifts are always wildly clever and thoughtful. The key is *(continued on page 66)*

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Continued from page 62

that instead of feeling ashamed about not starting earlier, Christina simply accepts her style as part of her nature. Then, to make it more of a challenge, she turns her buying into a game. "I arrive at the mall the week before Christmas with my sneakers, a backpack and a time limit," she says. "Then I just go until I'm finished. I've done it in less than three hours."

The lesson: Under the gun, you're more likely to see potential gifts in unexpected places. "Force yourself into one-stop shopping," suggests Stephanie Winston, author of *Stephanie Winston's Best Organizing Tips* (Simon & Schuster, 1996). "Stand in one place, look around, and see what strikes you [as suitable] for the people on your list." Winston and her friends report finding inspired last-minute items both at standard department stores and at specialty places like antique book or map shops.

"Force yourself into one-stop shopping," suggests one expert. "Stand in one place, look around and see what strikes you [as suitable] for the people on your list"

Don't overlook catalog and online shopping (hello, overnight delivery) or even—yes!—the supermarket. While everyone else is frantically racing around the mall, you can stroll leisurely through the empty grocery store creating customized gift baskets. How about a batch of comfort foods like coffee, popcorn and chocolate-chip cookies for the college student in your life, or an assortment of gourmet cheeses and crackers for the eternal hostess? Throw in some fine preserves (divine atop baked Brie)—and voilà.

The Budgeter

For many, purchasing memorable gifts with limited funds isn't so much a personality trait as a necessity. Buying on the cheap is a wise solution to the annual dilemma of holiday debt. Yet budgeting can backfire if you're not careful.

One pitfall: hidden costs. Twenty-four-year-old Elisa Rosman, who is also a Crafter, once settled on the thrifty plan of sending all her friends homemade Chanukah cookies packed in pretty tins. It seemed foolproof, and in fact, everything went



e in the kitchen. It was the post ice that tripped her up. "My 'in-)ensive' presents cost twelve dol-s each to mail!" laments Elisa. ext year's gift: bookmarks.)

Phony bargains, like the "We)w you're desperate enough to buy ;thing marked *sale*" sales, can be a dgeter's downfall. And then there's guilt factor that can lead to disas-: "I'll buy something nice but in-)ensive, then worry that it's not)ugh and buy something else to go ng with it—adding up to more n I meant to spend in the first ce," admits Kanarek.

What Budgeters need is both dis-line and perspective, and that ans making a specific plan and :king to it, no matter what. "Fig-: out a spending total, then di-e that into rough dollar amounts each person on your list," sug-sts Winston. Try leaving your dit and ATM cards at home and e just enough cash to make the nds. Like the Procrastinator's ie limit, having a spending cap ı help you produce creativity out necessity.

Don't rule out the option of :nding nothing at all. Use your agination—write a love poem to ır husband; offer to baby-sit your ter's kids for a weekend. One nsas mom gives her grown chil-n their grade-school report cards, :ers from summer camp and other using-but-priceless memorabilia. metimes the best things in life re-/ are free.

ne Aim-to-Pleaser

is shopper's holiday challenge is hardest because it's the least re-rding. Whereas the Perfectionist ırs critical voices in her head say-; "That's not good enough," the fortunate Aim-to-Pleaser is apt to ır this in real life. Nothing but the ciest bells-and-whistles toy of the)ment will satisfy her kids; her hus-nd appreciates but never quite es over what she gives him, and parents insist every year that they n't need anything.

"My in-laws collect pig figurines, so you'd think it would be easy," says my Pleaser friend Amy Keyishian, thirty, with a sigh. "But not just *any* pig will do. If you're not careful, your pig will end up in the downstairs guest room instead of in the living-room place of honor." Amy grills family members for ideas and frantically searches her memory for clues, driving herself nuts for no good reason.

When folks are tough to satisfy, it's impossible to change them. Besides, no single gift is going to magically transform their lives and make them eternally grateful to you. So let yourself off the hook. No sense in trying for big surprises — ask them point-blank what they want or need.

But if all you get in response is, "You don't have to spend money on me," or "Oh, you know what I like," just move on. Gift certificates are more than satisfactory, as are modest shares of stock or donations to a charity. "Even if your friends or relatives are lukewarm about a contribution in their names, you know someone appreciates it," notes Kanarek. Don't shy away from the purely practical, either. There are more exciting and romantic gifts than kitchen gadgets, gardening tools or guest-towel sets, but better to give something that will really be put to good use than a doodad that will be shoved to the back of the closet until your next visit.

Finally, if the Pleaser, like the Procrastinator, can turn her task into a game, she'll always win. Truth be told, Amy does get a bit of a charge from meeting her shopping challenges. To make the going easier, she treats herself to small, tangible rewards along the way, like a dish of tiramisu, a great shade of lipstick or the hottest new CD. Now there's a great idea. However you choose to shop, don't forget to pick up a little something for the easiest-to-please person of all: you. ●

Lynn Harris, a frequent contributor to the Journal, is a recovering Perfectionist and Crafter.



Better banking from home



And you thought ATMs made life easy. Now you don't even have to go outside to complete a transaction. Branchless banks, which do business solely via the phone or Internet, offer convenience along with some of the best interest rates on money-market, checking and CD accounts—a function of their low overhead. TeleBank (800-638-2265), a leading savings and loan, recently offered the country's top money-market rate with a 5.5 percent yield—2.88 above the national average—and online banks like Atlanta Internet Bank (*www.atlantabank.com*) and 1st Source Bank (*www.pawws.com/1stSrc*), as well as credit-card companies, such as American Express (800-297-8800) and MBNA America (800-577-3556), are providing high CD rates. Minimum deposits range from $100 to $10,000, and all accounts are FDIC insured. One drawback: Some banks offer ATM access, but most wire withdrawals and require that deposits be made by mail.

—Heather Camlot

The New Collectibles



Before you clean off your shelves to make room for this year's gifts, take stock. Some items are worth keeping: Mint copies of first-edition best-sellers like John Grisham's *A Time to Kill* (Wynwood Press, 1989) sell for $1,500 to $2,000. Black-and-white family photos from 1890 to 1940 with kids and animals go for up to $75. Dated magazine issues are also prime collectibles. The first *Sports Illustrated* is valued at $300.

—Marilyn Kennedy Melia

How to Read a Prospectus

If you're looking to invest in a mutual fund, but the fine print in the prospectus—the legal document that describes a fund's principles and strategies—makes your head swim, don't be discouraged. Judy Lau, president of the Institute of Certified Financial Planners, tells how to make sense of it all:

Step 1 Look for the fund's expenses, usually listed as a percentage in table format within the first five pages of the booklet. "I won't invest when expense ratios are above one and a quarter percent of the fund's total value for U.S. stocks, and over one percent for bonds," says Lau.

Step 2 Consider the turnover rate (found on the same chart as the expenses)—it reveals how often fund properties are bought and sold. A high turnover rate (over 50 percent) means "the fund is aggressive," says Lau. "If it's your first investment, you may want something more conservative."

Step 3 Check the fund's past performance. It should have performed well (check how it compares to its peers) under the same manager for several years.

—Anne Louise Bannon

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Hickory Farms (*www.hickoryfarms.com*) Pick a price range and type of food; the gift-finder lists several choices. While you're at it, order food for holiday parties.

FAO Schwarz (*www.faoschwarz.com*) Some of the items, like collectibles, can be pricey, but the odds of finding something in your budget (action figures, dolls, books, stuffed animals) are good.

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—Anna Roufos



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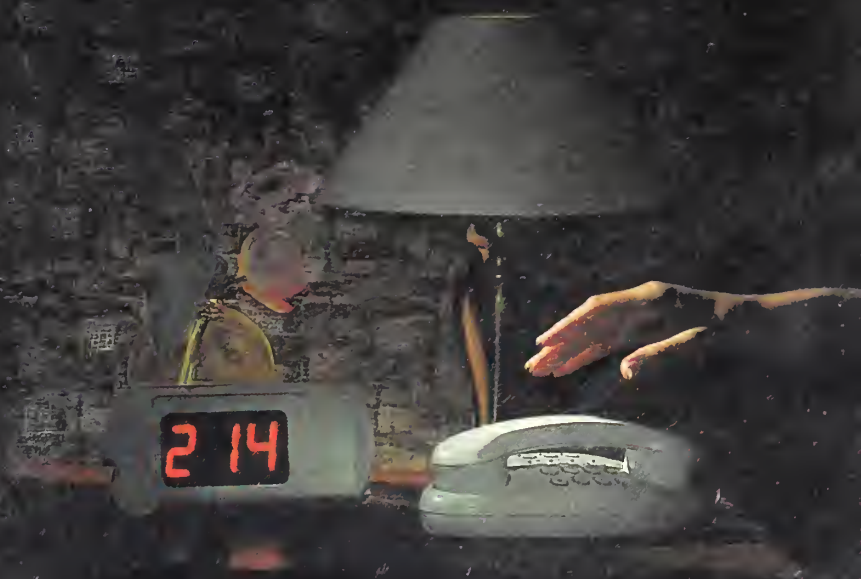
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Charles Dickens has nothing on the power of our own family stories to entertain us, define us and connect us to our history. By Wendy Swallow Williams

Telling Tales



It was Christmas Eve—my first Christmas as a single mother—and I was still wrapping presents for my two boys well past midnight. Our evening together had been happy but exhausting, and I didn't know how long I could keep up the cheerful facade. I was tired, sad and worried. If I couldn't manage this, how could I raise two sons by myself?

Then the phone rang. It was my sister Annie, from California.

"Merry Christmas," she said softly. "You okay? I thought tonight might be a bit hard."

Her empathy brought everything to the surface: the struggle to set up the Christmas tree, the traditional supper that burned in the oven. Annie listened, then said, "Someday you'll tell this story and laugh. You can do this, sweetie. You come from a long line of adventurous moms."

She was right. We come from a string of resourceful women who, despite difficulties and absent husbands, made happy places for their children to grow. My mother was a Navy wife who handled many a crisis and wrapped many a present alone while my father was at sea. Her mother raised three children, one of whom was mildly retarded and another severely scarred as the result of an accident, while my grandfather worked long hours for a utility company.

But the real inspiration is my great-grandmother Edith, who raised two children alone after her husband died of the flu in 1897, when my grandmother Priscilla was two and her brother a newborn. Edith had a dauntless spirit, and she and Priscilla shared many adventures. The most memorable was in 1920, when Edith and Priscilla took the train from Maryland to California, bought a car there and toured the state, including crossing the desert on plank roads, braving dust, heat and flat tires.

It's been several years since my first Christmas as a single parent, and that old family story has become something of a personal challenge. Last summer, I stuffed my two boys and a mountain of camping gear in the car and set off for the Canadian wilderness. My friends were astounded. "Single-parent camping?" they said. "Are you nuts?"

"I come from a long line of adventurous moms," I told them. "It's in my blood."

More important, it's in my stories, those lovely family stories spun out over a sinkful of dishes while my mother washed and I dried. I have only dim memories of my grandmother, and never met her mother, but I have a heart *(continued)*



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filled with stories that tell me who I am, who I can be.

Sharing old tales around the kitchen table is important, experts say; such personal, family and cultural stories are the weave that forms the fabric of identity.

"Family stories give us our roots and our wings," says folklorist Peggy Yocom, Ph.D., who teaches at George Mason University, in Fairfax, Virginia. "They are one of the most important tools we have to learn who we are." Yocom explains that from the bits and fragments of family stories that eddy around us, we build our own self-stories.

Bonnie Barbakow Greenberg, a speech-language pathologist from Newton, Massachusetts, grew up as one of the few Jewish girls in a small town in West Virginia where her Russian grandfather had settled at the turn of the century. From his stories about working to build good relationships with his non-Jewish neighbors, Greenberg learned about mutual respect and integrity.

The family ran a general store and were known for their honesty. One night, during the Depression, her grandparents were driving home when, by the light of the bonfires in the fields along the road, they saw a roadblock manned by figures in white sheets and hoods. They were terrified because they knew the local Ku Klux Klan hated Jews as well as blacks.

"Grandfather told me that one of the hooded men raised a torch and looked in the car. 'It's Barbakow,' the man said. 'He's a good Jew; let him pass.' "

Marni Gillard, a teacher and author of *Storyteller, Storyteacher* (Stenhouse Publishers, 1996), a book on using stories in the classroom, says Greenberg's story is typical of how family stories can help build personal identity. Gillard says many family stories are tales of trauma and triumph that serve to advise people in times of doubt and despair.

"These stories are powerful, although at first we may not always know why," says Gillard. "Sometimes it is years before we understand their significance."

Her mother told her a one-sentence story about her father, when he was serving in the Army in the Philippines during World War II, that became one of Gillard's most important family legacies.

"She said that one day he walked into the ocean, hoping he would never come back. That was it. She didn't mention the word *suicide* or explain what happened next."

Her father did return, married, went to work and had children. Then, when Gillard was thirteen, he died suddenly in a car crash. She went on with her life, but years later, grief overwhelmed her, and she fell into a serious depression.

"Suddenly, that story came back to me," says Gillard. "I never knew what sent my father walking into the sea, but I did know that he had faced a moment of despair and dealt with it. I knew I could do the same. Stories like that teach us that certain qualities—like courage—are a part of us, our inheritance."

Family stories can also carry important cultural knowledge. Debra Christian, a speech pathologist from Michigan, tells her children stories about her Czechoslovakian immigrant grandfather, who died several years ago—not only to preserve his memory, but also to provide an ethnic connection for them.

"He was this huge jolly man with hundreds of stories about Czechoslovakia," she says. "He had a big belly, and used to tell me when I was little that there was an elephant growing in there. Once, when I was sixteen, I said it was taking a long time to be born, and he said, 'You know, it could be twins. It takes double time.'

"Years later, when he was in the hospital dying, the nurse was teasing him about his big belly, and he said, 'You know, it could be twins in there,' and winked at me. Even at the end, he never lost his sense of humor. I learned from him never to take anything too seriously."

From his stories, Christian also learned so much about life in her grandfather's village that when she visited it years after his death, she was stunned by how familiar it all seemed. "When I got there, I understood what a precious gift he had given me. I knew faces, I knew sounds, I knew the smells of the village through his stories."

"Family stories give us our roots and our wings. They are how we learn who we are"



Many family stories are told to preserve the memory of individuals who were important to the family—especially mavericks, risk-takers and pioneers. Steven Rosenthal, a sales executive from Natick, Massachusetts, tells a story about his grandmother, Rose, who came to America from Russia when she was just twelve years old.

"She was on the wharf with her family in Riga, all six of them ready to get on the boat for America, when the authorities told them the two babies couldn't go because they had a fever," says Rosenthal. "So Rosa's parents *(continued on page 76)*

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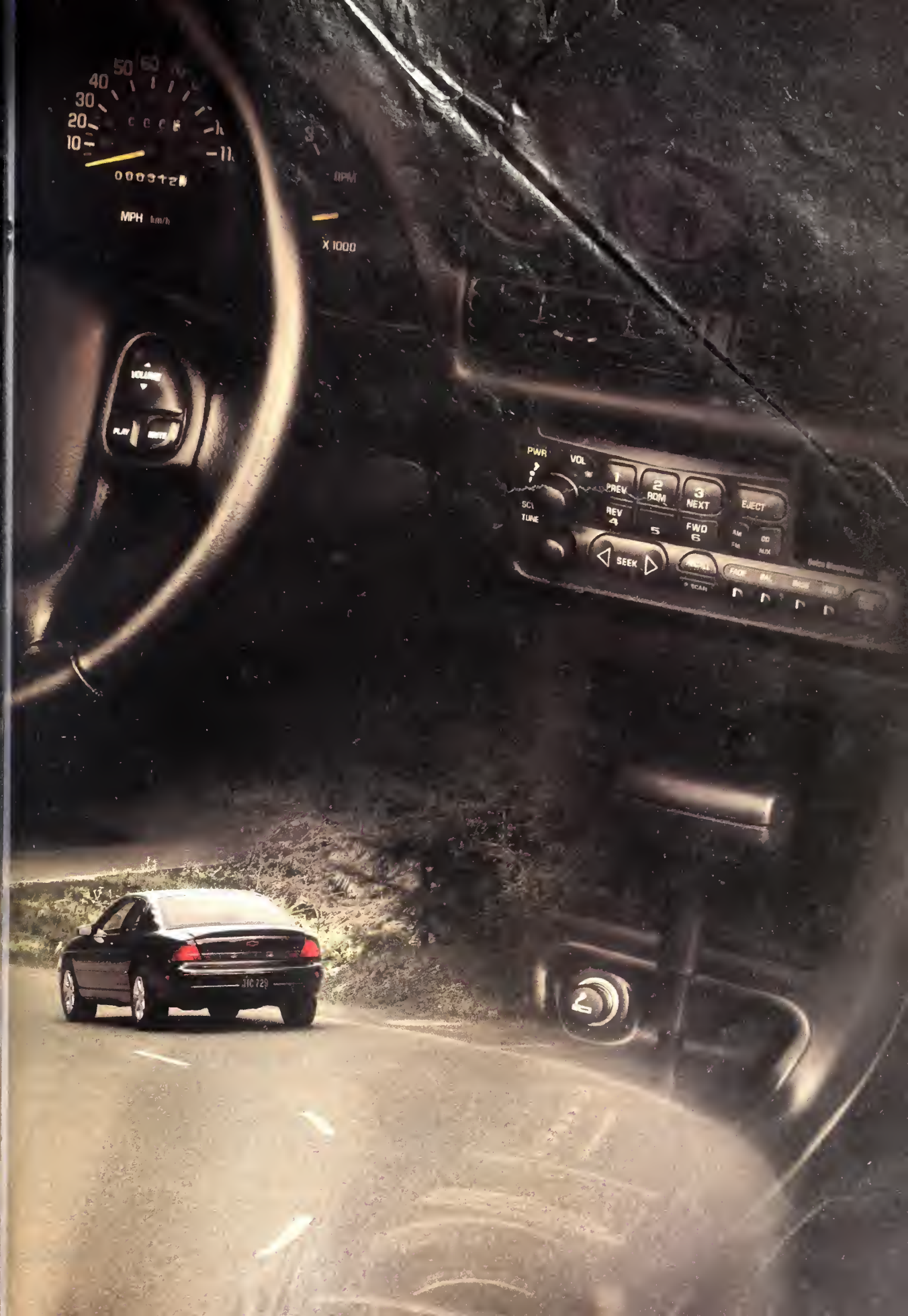
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Continued from page 72

stayed behind with the babies and sent her on with her eight-year-old brother. Years later her family came over, but by then she was established in her new life."

What Rosenthal got from his grandma was a legacy of personal strength and independence, which he says has helped him take risks in his life.

Sometimes one person and her stories can keep a culture alive not just for a family but for the world. Julie Simon, a journalism student at American University, in Washington, D.C., remembers stories from her grandmother, Gerda Weissman Klein, the only member of her family to survive the Holocaust. As a girl, Klein worked in a Nazi labor camp; she was one of a handful who survived a four-month death march at the end of the war.

Klein later married the American soldier who liberated the factory where she was hiding. He, too, was Jewish; he had immigrated to America from Germany just before the war. His parents, who stayed behind, also died in the Holocaust. Klein's haunting account of these events, written so that her family would never forget those who were lost, was later published as the book *All But My Life* (Hill and Wang, 1995), which was made into an HBO movie that aired in 1995.

"My grandparents' story is the ultimate love story," says Simon. "When my grandfather first saw my grandmother, she looked horrible—she weighed sixty pounds, and she had white hair and body lice, but he says that from the first day they felt they could talk together forever. They still hold hands wherever they go. I learned about the power of love from my grandmother, but I also learned about the power of stories."

In Klein's book there is a beautiful passage about how her own parents spent their last night together. They feared they would be separated in the morning, but instead of grieving they sat up telling each other the happy stories of their life together. Klein, then just eighteen, lay in the ne room, listening.

"My grandmother says she was on able to recover through telling her sto and her parents' stories," says Simo "And my mother always said th even though all her grandparents di in the Holocaust, while growing u her grandparents were not hauntin figures to her; they were real peop and an integral part of her life. Th were real people with real stories."

Wendy Swallow Williams is a professo of journalism at American University, Washington, D.C.

TELL ME A STORY
Tips for capturing your own history to treasure

1. Make time and space for stories on a regular basis. Linger at the table or snuggle with the kids at bedtime and tell them stories from your childhood or those your parents and grandparents have told you. Let the kids learn storytelling skills, too. At supper or at bedtime, have each child tell a story or anecdote from his or her day.

2. Set up the video camera at the next family gathering and enlist older kids to collect oral histories from grandparents and older relatives. Ask elders about their lives, their parents and grandparents, and the stories they remember from childhood. Use questions as prompts for storytelling: Did you ever get in trouble in school? Who was your first love? What was it like the day Mommy was born?

4. Have children research and write about family history as a school or scouting project, or help them write stories about family events to send out with holiday cards.

5. In the car, play Twenty Questions with family stories as the source; for example, "I'm thinking of a time when somebody dropped something important." Have the children try to guess the event.

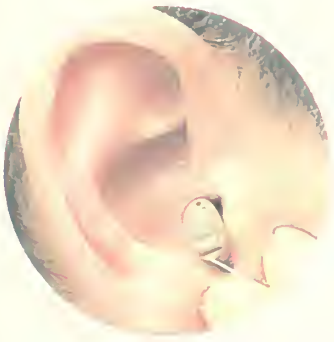
6. Visit homes you once lived in, or towns and cemeteries that may be central to your family history, and tell the kids about the people connected with these places.

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Missing Ben

When my young son died, my love of Christmas did, too. Our family had to learn to find joy in the holidays again

By Andrea Warren

Jay was always aware of the telltale signs before I was. Shortly after Thanksgiving, I would become distracted, my normally easygoing outlook tinged with gloom, tears ever closer to the surface.

"You get like this every year," my husband said in exasperation last November, sitting on the bed where I lay teary-eyed. "I do everything I can think of to make you feel better, but nothing works. It's no fun for either of us anymore. Is it always going to be this way?" When I didn't reply, he left the room.

In my misery, I thought, He simply doesn't understand—though if anyone understood, it was Jay. But he couldn't make Christmas okay for me. No one could.

In 1986, Brendon (Ben), my ten-year-old son and the stepson Jay had loved deeply for seven years, was hit by a car and killed. I had hated the holidays ever since. While I missed Ben every day, his loss was keenest at this time of year, with its emphasis on celebration, joy and family togetherness. For years after Ben's death, I went through the motions of a happy Christmas for the sake of our other three children—my daughter and Jay's daughter, as well as his son, who didn't live with us. I kept my spirits up for them while grieving in private for their younger brother. But now that our daughters were in their twenties and lived away from home, my holiday depression had resurfaced with a vengeance. I wanted to turn back time. I wanted my little boy back so we could experience the wonder and joy of Christmas again, the way it was before our family was plunged into anguish by a tragic moment on a busy street.

As I wrestled with my feelings, I realized that I didn't want to ruin another holiday season for Jay. I owed him more than that. But did I even have it within me to feel the spirit of Christmas once again?

One evening several days later, I was talking to one of my daughters over the phone when I mentioned how much Ben had been on my mind. For a moment, there was silence. Then she spoke, her voice breaking with emotion: "I've been thinking about him, too. Ever since he died, I've just wanted to get Christmas over with."

Her words jolted me. All those years, I thought the girls had still had a good time celebrating the holidays. Had they just been putting on an act for my sake? Had they, too, become incapable of enjoying what I knew deep in my heart could be the happiest, best time of year?

I had thought that somehow, as the years passed, I would naturally begin to anticipate the holiday season again. As I hung up the phone, I realized that time couldn't make this happen; Ben would always be missing from our lives, and we would always feel his loss most acutely at this time of year. But if I could acknowledge my grief instead of stifling it, and honor my son's memory at the same time, perhaps I could find joy in the holidays again—which meant Jay could, too. Then we might be able to help our daughters rekindle their own Christmas spirit.

After much thought, I told Jay I wanted this year to be different, that I didn't want to spend December under a cloud of gloom. I could see the relief in his eyes as he offered to do whatever he could to help me. We came up with a plan that we hoped would work for both of us.

First, we would work at finding pleasure in all that was magical and wonderful about the holidays. Second, we would speak of Ben whenever he came to mind—no holding back for fear of depressing ourselves or others. Finally, we would do one special thing to *(continued)*

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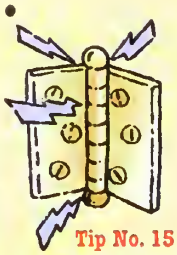
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commemorate how much we missed our son. All three, it turned out, were important.

Starting with the first goal, I concentrated on engaging my senses to the fullest. For the past ten years, I realized, I had shut them down, nursing myself to the twinkle of lights, the sound of carols, the smell of evergreen, the tastes of mint, almond and ginger. Now, I embraced them. I also gave more thought to each holiday task—from wrapping presents to mailing cards—appreciating them as time-honored rituals instead of dreary chores to be gotten out of the way.

I unpacked several paper-and-paste ornaments Ben had made in grade school, including a primitive little yarn frame with his school picture in it. Closing my eyes, I ran my fingers over the aging wool and the small image of Ben with his happy, gap-toothed grin, a child who loved the Chicago Cubs, books, cats and dogs, silly sayings. After the accident, I had stored these precious creations away, unable to bear looking at them. But our son had made them for us, to be displayed and admired. We hung them on the tree. From now on, we would bring them out, touch them and allow them to touch us.

Several weeks before Christmas I had lunch with a friend I had not seen for many months. She dwelled at length on how much she hated the holidays—too much rich food, too many expectations. Then she lamented feeling "deserted" because her newly married son would be spending the holidays with his wife's family.

The old me would have nodded while inwardly screaming, "At least you *have* your son. Look at me—your pain is *nothing* compared to mine!" But I had vowed not to keep quiet when Ben was on my mind. I took a deep breath and forced myself to sympathize with her. Then, measuring my words carefully, I told her that I was trying hard to enjoy the holidays in spite of how much I still missed Ben.

Those We Miss the Most at Christmas." Jay and I didn't belong to that church's denomination, but no matter. We gathered with a hundred other bereaved souls, and in a lovely, quiet candlelight service, we listened to comforting words and beautiful music, including the haunting song "I Miss You Most at Christmastime." Then we put the names of the people we had loved and lost into a special basket on the altar.

My tears felt especially healing that night, and I entered the busy final week before Christmas with a sense of peace that had eluded me in years past. Over the phone, we shared our feelings with our daughters and offered heartfelt support as they expressed their own sadness about Ben. When we wished them Merry Christmas, I felt we all could truly have one at last.

On December 25, Jay and I toasted our families and the memory of Ben at a family gathering in my brother's home in Nashville. When January 2 arrived, I realized that for the first time in ten years, I had actually *enjoyed* Christmas. It would never be what it was, but it could still be good. I felt that Ben would be pleased.

This year, with the holidays approaching, I am aware once again of my sadness for what cannot be, but I am focusing on what I still have and what is worth celebrating. For the bereaved, whether our losses be new or old, our challenge is to be happy in the moment, to see the star, to celebrate the magic of the season and to cherish the memory of our departed loved ones. •

My friend looked startled, and for a moment I regret-
ed saying anything. Then she put her hand on my arm.
Her eyes were moist. "I think this is the first time since
Ben's death that you've mentioned him to me," she
said. "Whenever I started to say something about him, I
could tell you didn't want to talk about it, so I assumed
you must be over your grief. But now I know. . . ." Her
words caught in her throat. "You've just given me a
special gift. I'm going to be grateful for what I have and
stop complaining."

I nevertheless would have given anything to be able
to commiserate with her about our adult sons, but at
least I had finally spoken. And in breaking my silence at
long last, I let my friend draw me close.

A few days later while out shopping, Jay and I
stopped in a busy café for espresso. There, I was sud-
denly reminded of one Christmas we had spent nursing
Ben through the flu. As I recalled this to Jay, tears
welled in his eyes, then in mine. "I miss him so much,"
he whispered. There, amid the bustle of holiday shop-
pers, we held hands under the table, let our tears fall
and managed to smile at each other, enriched by our
shared remembrance and our love.

We were discussing how best to accomplish our third
goal of honoring Ben's memory—a special holiday con-
cert, perhaps?—when we saw a notice in the local news-
paper about "A Service of Remembrance: In Memory of



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(Airs Sunday, December [illegible] ET/PT)

The cold that won't go away

If you sneeze, cough and ache all winter, you have more than one miserable cold. Here, the culprits and the solutions.
By Susan A. Fiske



Could that stuffy nose be caused by winter allergies or a sinus infection?

It's the same story every winter. You get a cold right after Thanksgiving, and for months you battle sneezes, teary eyes and a sore throat. Why is it so hard to shake a winter cold?

"It's never just one cold when you're caught with something that won't go away," says Steven R. Mostow, M.D., chairman of the department of medicine at Columbia Rose Medical Center, in Denver. "When you get infected with the flu virus or any of the two hundred known forms of the common-cold virus, the infection could damage your immune system." Then you're vulnerable to a second infection.

The average adult catches four to six colds per year. At a recovery rate of five to ten days per cold, that's almost two months worth of sick time. And if you're unlucky enough to be stricken back-to-back, that's an entire miserable winter.

But consecutive colds aren't the most common culprit. It's more likely you're getting hit with a secondary bacterial infection—sinus and ear infections are the most common. Finding the right diagnosis really counts when it comes to treatment—and prevention.

IS IT A COLD?

The typical symptoms of a common cold are a runny nose, scratchy throat and a dry, unproductive cough. A cold is hardly ever accompanied by fever. And when you blow your nose, the secretions are watery and transparent, whereas anything colored (yellow, green or brown) indicates a bacterial infection and must be treated with antibiotics. Facial tenderness, particularly when moving the eyes from side to side, often suggests a bacterial sinus or ear infection. The flu comes on suddenly and is almost always accompanied by a fever, chills, sore throat and severe body aches.

Very often, people with unrelenting colds "are either new parents or schoolteachers," says Jeffrey Gumprecht, M.D., an infectious-disease specialist at Mount Sinai Hospital, in New York City. "I tell them that colds are to be expected because children in school or day care are very susceptible to viral infections."

According to Pedro A. Piedra, M.D., a pediatrician and assistant professor at the Influenza Research Center at Baylor College of Medicine, in Houston, 10 to 15 percent of children in day care seem to keep a cold all winter long. "But these kids are probably being infected multiple times," says Piedra.

The good news is, as we get older, we catch fewer colds. The reason: After contracting a cold, you become immune to that particular virus. "By the time you're thirty, chances are you've been exposed to about one third of the two hundred cold viruses," says Mostow. *(continued)*



BREAK FREE FROM YOUR RUNNY NOSE.

Ask your doctor about an exciting advancement for treating runny noses, ATROVENT® Nasal Spray. NOT A STEROID It's the first in a unique class of nasal sprays that actually stop runny noses where they start. NOT AN ANTIHISTAMINE ATROVENT Nasal Spray's special inhibitors provide effective relief without insomnia WON'T KEEP YOU AWAKE or drowsiness. WON'T PUT YOU TO SLEEP And it can be safely used by children 12 years and older. ATROVENT Nasal Spray is available exclusively by prescription. Only your doctor knows if it's right for treating your runny nose. Though most ATROVENT Nasal Spray users experience trouble-free relief, nasal dryness (approximately 1 in 20 patients) and mild nose bleeds (approximately 1 in 10 patients) are potential side effects.* So ask your doctor about ATROVENT Nasal Spray, or call toll-free **1·888·ATROVENT (287·6836)** for a free brochure and money-saving coupon.

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STOP YOUR RUNNY NOSE WITH ATROVENT® NASAL SPRAY

(ipratropium bromide)

Atrovent
(ipratropium bromide) **Nasal Spray 0.03%**

For allergic and nonallergic perennial rhinitis

Brief Summary of Prescribing Information

INDICATIONS AND USAGE ATROVENT® (ipratropium bromide) Nasal Spray 0.03% is indicated for the symptomatic relief of rhinorrhea associated with allergic and nonallergic perennial rhinitis in adults and children age 12 years and older. ATROVENT Nasal Spray 0.03% does not relieve nasal congestion, sneezing or postnasal drip associated with allergic or nonallergic perennial rhinitis.

CONTRAINDICATIONS ATROVENT® (ipratropium bromide) Nasal Spray 0.03% is contraindicated in patients with a history of hypersensitivity to atropine or its derivatives, or to any of the other ingredients.

WARNINGS Immediate hypersensitivity reactions may occur after administration of ipratropium bromide, as demonstrated by rare cases of urticaria, angioedema, rash, bronchospasm and oropharyngeal edema.

PRECAUTIONS General ATROVENT® (ipratropium bromide) Nasal Spray 0.03% should be used with caution in patients with narrow-angle glaucoma, prostatic hypertrophy or bladder neck obstruction, particularly if they are receiving an anticholinergic by another route. Cases of precipitation or worsening of narrow-angle glaucoma and acute eye pain have been reported with direct eye contact of ipratropium bromide administered by oral inhalation.

Information for Patients Patients should be advised that temporary blurring of vision, precipitation or worsening of narrow-angle glaucoma or eye pain may result if ATROVENT Nasal Spray 0.03% comes into direct contact with the eyes. Patients should be instructed to avoid spraying ATROVENT Nasal Spray 0.03% in or around their eyes. Patients who experience eye pain, blurred vision, excessive nasal dryness or episodes of nasal bleeding should be instructed to contact their doctor. Patients should be reminded to carefully read and follow the accompanying PATIENT'S INSTRUCTIONS FOR USE.

Drug Interactions No controlled clinical trials were conducted to investigate drug-drug interactions. ATROVENT Nasal Spray 0.03% is minimally absorbed into the systemic circulation; nonetheless, there is some potential for an additive interaction with other concomitantly administered anticholinergic medications, including ATROVENT for oral inhalation.

Carcinogenesis, Mutagenesis, Impairment of Fertility Two-year oral carcinogenicity studies in rats and mice have revealed no carcinogenic activity at doses up to 6 mg/kg/day. This dose corresponds, in rats and mice respectively, to about 200 and 100 times the maximum recommended human daily dose (MRHO) on a mg/m² basis of ATROVENT Nasal Spray 0.03%. Results of various mutagenicity studies (Ames test, mouse dominant lethal test, mouse micronucleus test and chromosome aberration of bone marrow in Chinese hamsters) were negative.

Fertility of male or female rats at oral doses up to 50 mg/kg/day (about 1,660 times the MRHO on a mg/m² basis) was unaffected by ipratropium bromide administration. At doses above 90 mg/kg/day (about 3,000 times the MRHO on a mg/m² basis), decreased conception rate was observed.

Pregnancy *TERATOGENIC EFFECTS Pregnancy Category B* Oral reproduction studies were performed at doses of 10 mg/kg/day in mice, 100 mg/kg/day in rats and 125 mg/kg/day in rabbits. These doses correspond, in each species respectively, to about 60, 3,000 and 8,000 times the MRHO of ATROVENT Nasal Spray 0.03% in perennial rhinitis (252 mcg/day) on a mg/m² basis. Inhalation reproduction studies in rats and rabbits at doses of 1.5 and 1.8 mg/kg/day (about 50 and 120 times the MRHO on a mg/m² basis for each species, respectively) have demonstrated no evidence of teratogenic effects as a result of ipratropium bromide. At oral doses above 90 mg/kg/day in rats (about 3000 times the MRHO on a mg/m² basis) embryotoxicity was observed as increased resorption. This effect is not considered relevant to human use due to the large doses at which it was observed and the difference in route of administration. However, no adequate or well controlled studies have been conducted in pregnant women. Because animal reproduction studies are not always predictive of human response, ATROVENT Nasal Spray 0.03% should be used during pregnancy only if clearly needed.

Nursing Mothers It is known that some ipratropium bromide is systemically absorbed following nasal administration, however the portion which may be excreted in human milk is unknown. Although lipid-insoluble quaternary bases pass into breast milk, the minimal systemic absorption makes it unlikely that ipratropium bromide would reach the infant in an amount sufficient to cause a clinical effect. However, because many drugs are excreted in human milk, caution should be exercised when ATROVENT Nasal Spray 0.03% is administered to a nursing woman.

Pediatric Use Safety and effectiveness of ATROVENT Nasal Spray 0.03% in patients below the age of 12 years have not been established.

ADVERSE REACTIONS Adverse reaction information on ATROVENT® (ipratropium bromide) Nasal Spray 0.03% in patients with perennial rhinitis was derived from four multicenter, vehicle-controlled clinical trials involving 703 patients (356 patients on ATROVENT and 347 patients on vehicle), and a 1-year, open-label, follow-up trial. In three of the trials, patients received ATROVENT Nasal Spray 0.03% three times daily for 8 weeks. In the other trial, ATROVENT Nasal Spray 0.03% was given to patients two times daily for 4 weeks. Of the 285 patients who entered the open-label, follow-up trial, 232 were treated for 3 months, 200 for 6 months, and 159 up to 1 year. The majority (>86%) of patients treated for 1 year were maintained on 2 mcg per nostril, two or three times daily, of ATROVENT (ipratropium bromide) Nasal Spray 0.03%.

The following table shows adverse events, and the frequency that these adverse events led to the discontinuation of treatment, reported for patients who received ATROVENT Nasal Spray 0.03% at the recommended dose of 42 mcg per nostril, or vehicle two or three times daily for 4 or 8 weeks. Only adverse events reported with an incidence of at least 2.0% in the ATROVENT group and higher in the ATROVENT group than in the vehicle group are shown.

	% of Patients Reporting Events[1]			
	ATROVENT Nasal Spray 0.03% (n=356)		Vehicle Control (n=347)	
	Incidence%	Discontinued%	Incidence%	Discontinued %
Headache	9.8	0.6	9.2	0
Upper respiratory tract infection	9.8	1.4	7.2	1.4
Epistaxis	9.0	0.3	4.6	0.3
Rhinitis*				
Nasal dryness	5.1	0	0.9	0.3
Nasal irritation	2.0	0	1.7	0.6
Other nasal symptoms	3.1	1.1	1.7	0.3
Pharyngitis	8.1	0.3	4.6	0
Nausea	2.2	0.3	0.9	0

[1] Epistaxis reported by 7.0% of ATROVENT patients and 2.3% of vehicle patients, blood-tinged mucus by 2.0% of ATROVENT patients and 2.3% of vehicle patients.

* Nasal irritation includes reports of nasal itching, nasal burning, nasal irritation and ulcerative rhinitis. Other nasal symptoms include reports of nasal congestion, increased rhinorrhea, increased rhinitis, postenor nasal drip, sneezing, nasal polyps and nasal edema.

This table includes adverse events which occurred at an incidence rate of at least 2.0% in the ATROVENT group and more frequently in the ATROVENT group than in the vehicle group.

All events are listed by their WHO term. rhinitis has been presented by descriptive terms for clarification.

ATROVENT Nasal Spray 0.03% was well tolerated by most patients. The most frequently reported nasal adverse events were transient episodes of nasal dryness or epistaxis. These adverse events were mild or moderate in nature, none was considered serious, none resulted in hospitalization and most resolved spontaneously or following a dose reduction. Treatment for nasal dryness and epistaxis was required infrequently (2% or less) and consisted of local application of pressure or a moisturizing agent (e.g., petroleum jelly or saline nasal spray). Patient discontinuation for epistaxis or nasal dryness was infrequent in both the controlled (0.3% or less) and 1-year, open-label (2% or less) trials. There was no evidence of nasal rebound (i.e., a clinically significant increase in rhinorrhea, postenor nasal drip, sneezing or nasal congestion severity compared to baseline) upon discontinuation of double-blind therapy in these trials.

Adverse events reported by less than 2% of the patients receiving ATROVENT Nasal Spray 0.03% during the controlled clinical trials or during the open-label follow-up trial, which are potentially related to the local or systemic anticholinergic effects of Atrovent include: dry mouth/throat, dizziness, ocular irritation, blurred vision, conjunctivitis, hoarseness, cough and taste perversion. Additional anticholinergic effects noted with other ATROVENT dosage forms (ATROVENT Inhalation Solution, ATROVENT Inhalation Aerosol, and ATROVENT Nasal Spray 0.06%) include: precipitation or worsening of narrow-angle glaucoma, urinary retention, prostatic disorders, tachycardia, constipation, and bowel obstruction.

There were no infrequent reports of skin rash in both the controlled and uncontrolled clinical studies. Other allergic-type reactions such as angioedema of the throat, tongue, lips and face, urticaria, laryngospasm and anaphylactic reactions have been reported with other ipratropium bromide products.

No controlled trial was conducted to address the relative incidence of adverse events of BID versus TID therapy.

HOW SUPPLIED ATROVENT® (ipratropium bromide) Nasal Spray 0.03% is supplied as 30 ml of solution in a high density polyethylene (HDPE) bottle fitted with a metered nasal spray pump, a safety clip to prevent accidental discharge of the spray, and a clear plastic dust cap. The 30 ml bottle of ATROVENT Nasal Spray is designed to deliver 345 sprays of 0.07 ml each (21 mcg ipratropium bromide), or 28 days of therapy at the maximum recommended dose (two sprays per nostril three times a day).

Store tightly closed between 59°F (15°C) and 86°F (30°C). Avoid freezing. Keep out of reach of children. Avoid spraying in or around the eyes.

Consult package insert before prescribing.

AN 03-BS-10/95

Atrovent
(ipratropium bromide) **Nasal Spray 0.06%**

For the common cold

Brief Summary of Prescribing Information

INDICATIONS AND USAGE ATROVENT® (ipratropium bromide) Nasal Spray 0.06% is indicated for the symptomatic relief of rhinorrhea associated with the common cold for adults and children age 12 years and older. ATROVENT Nasal Spray 0.06% does not relieve nasal congestion or sneezing associated with the common cold.

The safety and effectiveness of the use of ATROVENT Nasal Spray 0.06% beyond four days in patients with the common cold has not been established.

CONTRAINDICATIONS ATROVENT® (ipratropium bromide) Nasal Spray 0.06% is contraindicated in patients with a history of hypersensitivity to atropine or its derivatives, or to any of the other ingredients.

WARNINGS Immediate hypersensitivity reactions may occur after administration of ipratropium bromide, as demonstrated by rare cases of urticaria, angioedema, rash, bronchospasm and oropharyngeal edema.

PRECAUTIONS General ATROVENT® (ipratropium bromide) Nasal Spray 0.06% should be used with caution in patients with narrow-angle glaucoma, prostatic hypertrophy or bladder neck obstruction, particularly if they are receiving an anticholinergic by another route. Cases of precipitation or worsening of narrow-angle glaucoma and acute eye pain have been reported with direct eye contact of ipratropium bromide administered by oral inhalation.

Information for Patients Patients should be advised that temporary blurring of vision, precipitation or worsening of narrow-angle glaucoma or eye pain may result if ATROVENT Nasal Spray 0.06% comes into direct contact with the eyes. Patients should be instructed to avoid spraying ATROVENT Nasal Spray 0.06% in or around the eyes. Patients who experience eye pain, blurred vision, excessive nasal dryness or episodes of nasal bleeding should be instructed to contact their doctor. Patients should be reminded to carefully read and follow the accompanying PATIENT'S INSTRUCTIONS FOR USE.

Drug Interactions No controlled clinical trials were conducted to investigate potential drug-drug interactions. ATROVENT Nasal Spray 0.06% is minimally absorbed into the systemic circulation; nonetheless, there is some potential for an additive interaction with other concomitantly administered anticholinergic medications, including ATROVENT for oral inhalation.

Carcinogenesis, Mutagenesis, Impairment of Fertility Two-year oral carcinogenicity studies in rats and mice have revealed no carcinogenic activity at doses up to 6 mg/kg/day. This dose corresponds, in rats and mice respectively, to about 70 and 30 times the maximum recommended human daily dose (MRHO) on a mg/m² basis of ATROVENT Nasal Spray 0.06%. Results of various mutagenicity studies (Ames test, mouse dominant lethal test, mouse micronucleus test and chromosome aberration of bone marrow in Chinese hamsters) were negative.

Fertility of male or female rats at oral doses up to 50 mg/kg/day (about 600 times the MRHO on a mg/m² basis) was unaffected by ipratropium bromide administration. At doses above 90 mg/kg/day (about 1,000 times the MRHO on a mg/m² basis) decreased conception rate was observed.

Pregnancy *TERATOGENIC EFFECTS Pregnancy Category B* Oral reproduction studies were performed at doses of 10 mg/kg/day in mice, 100 mg/kg/day in rats and 125 mg/kg/day in rabbits. These doses correspond, in each species respectively, to about 60, 1,200, and 3,000 times the MRHO of ATROVENT Nasal Spray 0.06% in the common cold (672 mcg/day) on a mg/m² basis. Inhalation reproduction studies in rats and rabbits at doses of 1.5 and 1.8 mg/kg/day (about 20 and 40 times the MRHO on a mg/m² basis for each species, respectively) have demonstrated no evidence of teratogenic effects as a result of ipratropium bromide. At oral doses above 90 mg/kg/day in rats (about 1,000 times the MRHO on a mg/m² basis) embryotoxicity was observed as increased resorption. This effect is not considered relevant to human use due to the large doses at which it was observed and the difference in route of administration. However, no adequate or well controlled studies have been conducted in pregnant women. Because animal reproduction studies are not always predictive of human response, ATROVENT Nasal Spray 0.06% should be used during pregnancy only if clearly needed.

Nursing Mothers It is known that some ipratropium bromide is systemically absorbed following nasal administration; however the portion which may be excreted in human milk is unknown. Although lipid-insoluble quaternary bases pass into breast milk, the minimal systemic absorption makes it unlikely that ipratropium bromide would reach the infant in an amount sufficient to cause a clinical effect. However, because many drugs are excreted in human milk, caution should be exercised when ATROVENT Nasal Spray 0.06% is administered to a nursing woman.

Pediatric Use Safety and effectiveness of ATROVENT Nasal Spray 0.06% in patients below the age of 12 years have not been established.

ADVERSE REACTIONS Adverse reaction information on ATROVENT® (ipratropium bromide) Nasal Spray 0.06% in patients with the common cold was derived from two multicenter, vehicle-controlled clinical trials involving 1276 patients (195 patients on ATROVENT Nasal Spray 0.03%, 352 patients on ATROVENT Nasal Spray 0.06%, 189 patients on ATROVENT Nasal Spray 0.12%, 351 patients on vehicle and 189 patients receiving no treatment).

The following table shows adverse events reported for patients who received ATROVENT Nasal Spray 0.06% at the recommended dose of 84 mcg per nostril, or vehicle, administered three or four times daily, where the incidence is 1% or greater in the ATROVENT group and higher in the ATROVENT group than in the vehicle group.

	% of Patients Reporting Events[1]	
	ATROVENT Nasal Spray 0.06% (n=352)	Vehicle Control (n=351)
Epistaxis	8.2%	2.3%
Dry Mouth/Throat	1.4%	0.3%
Nasal Congestion	1.1%	0.0%
Nasal Dryness	4.8%	2.8%

This table includes adverse events for which the incidence was 1% or greater in the ATROVENT group and higher in the ATROVENT group than in the vehicle group.

[1] Epistaxis reported by 5.4% of ATROVENT patients and 1.4% of vehicle patients, blood-tinged nasal mucus by 2.8% of ATROVENT patients and 0.9% of vehicle patients.

ATROVENT Nasal Spray 0.06% was well tolerated by most patients. The most frequently reported adverse events were transient episodes of nasal dryness or epistaxis. The majority of these adverse events (96%) were mild or moderate in nature, none was considered serious, and none resulted in hospitalization. No patient required treatment for nasal dryness, and only two patients (<1%) required treatment for epistaxis, which consisted of local application of pressure or a moisturizing agent (e.g., petroleum jelly). No patient receiving ATROVENT Nasal Spray 0.06% was discontinued from the trial due to either nasal dryness or bleeding.

Adverse events reported by less than 1% of the patients receiving ATROVENT Nasal Spray 0.06% during the controlled clinical trials which are potentially related to the local or systemic anticholinergic effects of Atrovent include: taste perversion, nasal burning, conjunctivitis, coughing, dizziness, hoarseness, palpitation, pharyngitis, tachycardia, thirst, tinnitus and blurred vision. Additional anticholinergic effects noted with other ATROVENT dosage forms (ATROVENT Inhalation Solution, ATROVENT® Inhalation Aerosol and ATROVENT® Nasal Spray 0.03%) include: precipitation or worsening of narrow-angle glaucoma, urinary retention, prostate disorders, constipation and bowel obstruction.

There were no reports of allergic-type reactions in the controlled clinical trials. Allergic-type reactions such as skin rash, angioedema of the tongue, lips and face, urticaria, laryngospasm and anaphylactic reactions have been reported with other ipratropium bromide products.

No controlled trial was conducted to address the relative incidence of adverse events for TID versus QID therapy.

HOW SUPPLIED ATROVENT® (ipratropium bromide) Nasal Spray 0.06% is supplied as 15 ml of solution in a high density polyethylene (HDPE) bottle fitted with a metered nasal spray pump, a safety clip to prevent accidental discharge of the spray, and a clear plastic dust cap. The 15 ml bottle of ATROVENT Nasal Spray is designed to deliver 165 sprays of 0.07 ml each (42 mcg ipratropium bromide).

Store tightly closed between 59°F (15°C) and 86°F (30°C). Avoid freezing. Keep out of reach of children. Avoid spraying in or around the eyes.

Consult package insert before prescribing.

AN.06-BS-10



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But don't breathe easily just yet. e ailment that has you sniffling l achy all winter may actually be a ıter allergy to dust, molds, dust es and other indoor allergens. ıe difference between a cold and allergy is subtle," says Gum- cht. So if you have allergies at er times of the year, you should :uss the possibility of winter aller- with your doctor.

HEALTHIER WINTER

haps the bigger question is, how you prevent a cold in the first :e? Cold and flu viruses are hardy ıtures and spread very easily. For ance, a cough or sneeze lands on treadmill at your gym. You then ch the treadmill and then your or nose. Bingo! You've caught virus. On dry surfaces, cold virus- :an be picked up by your hands utes later. On moist surfaces, the ses survive even longer.

Common wisdom among doctors ıat people catch the most colds in winter because we all spend more ı indoors and have more contact ı more people and their sneezes coughs. Poor ventilation can in- ıse the risk of getting sick.

hort of wearing a mask, there is sure way to avoid airborne virus- But there are some things you do to reduce your risk. First, if smoke, quit. Smoking increases er respiratory inflammation and uces the effectiveness of the y's natural defenses, so smokers more colds than nonsmokers.

.void sharing beverages, especially ı someone who has the sniffles. ıe down your telephones with a ıfectant if a cold is circulating.

nd, perhaps the most important to avoid getting or giving a cold, h your hands often. After you te hands with someone, rub your ds under warm water, ideally with p. (Antibacterial soaps won't te cold viruses go away more ckly.) Avoid rubbing your eyes touching your nose or mouth l you have washed your hands.



Heighten your vigilance at the onset of a cold. "In the hospital, we encourage employees not to come to work if they have a cold, especially within the first forty-eight hours of symptoms, when the virus is most spreadable," says Mostow.

Oddly enough, the newest research on colds suggests that the more social contact we have, the fewer colds we catch. Sheldon Cohen, Ph.D., a psychiatry professor at Carnegie Mellon University, in Pittsburgh, Pennsylvania, and his colleagues exposed almost three hundred healthy volunteers, aged eighteen to fifty-five, to nose sprays containing cold viruses. The incidence of infection among the subjects with large social networks was nearly one quarter that of the subjects who were relatively isolated. The number of people in the social circle wasn't as protective as the diversity of the relationships. Cohen thinks perhaps friends increase our feeling of self-worth, which makes us take better care of ourselves.

GETTING BETTER

If a cold does strike, can your doctor help? "You should be better in a week to ten days," says Jack Gwaltney, Jr., M.D., a professor at the University of Virginia School of Medicine, in Charlottesville. "If you're no better or getting worse, then see your doctor." Other reasons to contact your doctor include a fever that lasts more than three days, unusual muscle aches and colored nasal secretions. When it's just a cold, antibiotics can't help—they only fight bacterial infections. Here, some popular cold relievers:

• **Cold remedies** Decongestants and antihistamines diminish the discomfort of congestion and clogged ears. Aspirin, acetaminophen and ibuprofen relieve aches and fevers. "But they don't change the course of an illness or prevent you from spreading the virus to others," says Mostow. Start any medications as soon as you think a cold is coming on, says Gwaltney. Target *(continued)*

the most annoying symptom, and don't use a multi-symptom product unless you have all the symptoms. Also, be sure to rest, even if medicine makes you feel better.

A new nasal spray is being studied that cuts symptoms in half. Called ICAM-1, it lures the cold virus away from receptors in the nose. Unfortunately, this treatment won't be on the drugstore shelf for years.

The good news: As we get older, we catch fewer colds

• **Antivirals and vaccines** Flu shots have become a staple for those with weak immune systems, and their popularity is growing with the healthy as well. A new nasal-spray vaccine was 93 percent effective in preventing the flu among the children receiving it, according to Piedra. Currently being tested on adults, the vaccine could be ready for use by fall 1999.

If you do catch the flu, take a prescription antiviral like Flumadine within forty-eight hours. "There is a misconception that there is nothing to do for the flu except rest and eat chicken soup," says Mostow. "With antivirals, you can be back on your feet within two days. If you try toughing it out, you'll be in bed for five days and not completely yourself for at least two weeks."

• **Vitamin C** Experts now agree that taking the vitamin doesn't prevent a cold, but it may reduce both the duration and the severity. It can't hurt to supplement your diet with 60 to 200 mg of vitamin C a day during cold season. Too much can upset your stomach, so start with a low dose and increase it slowly.

• **Zinc** Last year, a study at the Cleveland Clinic found that zinc lozenges taken within twenty-four hours of a cold's onset can resolve symptoms within five days. According to study co-author Michael Macknin, chairman of pediatrics at the Cleveland Clinic, zinc blocks the cold virus's ability to adhere to the lining of the respiratory tract. "The results were very dramatic," Macknin says, "but they need to be confirmed." Also, taking too much zinc can lower the body's copper levels, which decreases your ability to fight infection. The suggested dose is one 13.3 mg lozenge every two hours.

• **Chicken soup** Results from a study Mostow did a few years ago showed that chicken soup alleviated more cold symptoms than acetaminophen or a placebo. Canned soup didn't work as well as homemade.

• **Echinacea** Studies in Germany found that this herb boosts the immune system and reduces inflammation, which helps clear congestion.

• **Garlic** Another natural immune-system booster, garlic helps prevent infection. It is most effective when eaten raw.

• **Tea and honey** Mostow tells his patients to take a teaspoon of honey a few times a day to soothe a scratchy throat. Add it to tea and the warm liquid will help break up congestion.

• **Gargling with warm water and salt** This eases a sore throat. Since you don't swallow the mixture, salt intake is not a concern.

• **Humidifiers** Use a cold-mist humidifier to add moisture to dry indoor air and to keep your mucous membranes from drying out (moist membranes sweep away germs better). Change the water daily to stop the growth of mold and bacteria, which can aggravate allergies.

• **Rest and stress** A good eight hours of sleep a night will build up the immune system and reduce stress. A study in *The New England Journal of Medicine* found a link between stress and the likelihood of developing a cold.

• **Exercise** One study found that moderate exercise revs up the immune system within minutes after an activity begins. The key word is moderate. Extreme exercise actually can harm the immune system. •

Susan A. Fiske wrote about stress in the November 1997 issue.

Winter's Ills

AILMENT	SYMPTOMS
Common cold	Dry, hacking cough; runny and stuffy nose; sore throat, sneezing
Flu (Influenza)	Fever that lasts three to four days, chills, headache, body aches, fatigue and weakness, severe cough
Bronchitis	Tightness in upper chest, mucus-producing cough, wheezing
Viral pneumonia	Fever, chills, mucus-producing cough, body aches, headache, fatigue, chest pain
Bacterial pneumonia	Shaking and chills, fever, rapid breathing, congestion with a cough, chest pain, body aches, headache, possible nausea or vomiting
Strep throat	Fever, redness and swelling in an extremely sore throat, swollen lymph nodes on neck. A culture is necessary to definitively prove strep


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NEW LABEL SAME GREAT SOUP!
CREAM OF POTATO
GREAT SOUP & GREAT FOR COOKING

CREAM OF CELERY
CHICKEN SUPREME



- 1 tbsp. vegetable oil
- 4 skinless, boneless chicken breast halves
- 1 can Campbell's® Cream of Celery Soup
- 1/2 cup milk
- 1/8 tsp. pepper
- 4 cups hot cooked rice

1. In skillet over medium-high heat, heat oil. Cook chicken 10 min. or until browned. Set chicken aside. Pour off fat.
2. Add soup, milk and pepper. Heat to a boil. Return chicken to pan. Cover and cook over low heat 5 min. or until chicken is done. Serve with rice. Serves 4.

CHICKEN BROTH
SKILLET CHICKEN & RICE



- 1 tbsp. vegetable oil
- 4 skinless, boneless chicken breast halves
- 1 can Campbell's® Condensed Chicken Broth
- 3/4 cup water
- 1/2 tsp. dried basil leaves, crushed
- 1/2 tsp. garlic powder
- 3/4 cup uncooked regular long-grain white rice
- 2 cups fresh or frozen broccoli flowerets
- Paprika

1. In skillet over medium-high heat, heat oil. Cook chicken 10 min. or until browned. Set chicken aside. Pour off fat.
2. Add broth, water, basil and garlic powder. Heat to a boil. Stir in rice. Cover and cook over low heat 5 min.
3. Stir in broccoli. Place chicken on rice mixture. Sprinkle with paprika. Cover and cook 15 min. or until chicken and rice are done. Serves 4.

BEEF BROTH
BEEF STIR-FRY



- 1 lb. boneless beef sirloin or top round steak, 3/4" thick
- 2 tbsp. cornstarch
- 1 can Campbell's® Condensed Beef Broth
- 2 tbsp. soy sauce
- 2 tbsp. vegetable oil
- 3 cups cut-up vegetables*
- 1/4 tsp. garlic powder
- 4 cups hot cooked rice

1. Slice beef into very thin strips. Mix cornstarch, broth and soy until smooth. Set aside.
2. In skillet over medium-high heat, heat *half* the oil. Add beef in 2 batches and stir-fry until browned. Set beef aside.
3. Add remaining oil. Add vegetables and garlic powder and stir-fry over medium heat until tender-crisp.
4. Stir cornstarch mixture and add. Cook until mixture boils and thickens, stirring constantly. Return beef to pan. Heat through. Serve over rice. Serves 4.

*Use a combination of broccoli, carrots and green or red pepper.

CREAM OF CHICKEN
CHICKEN & RICE DINNER



- 1 tbsp. vegetable oil
- 4 skinless, boneless chicken breast halves
- 1 can Campbell's® Cream of Chicken Soup
- 1 1/3 cups water
- 1/4 tsp. paprika
- 1/4 tsp. pepper
- 1 cup uncooked instant rice
- 2 cups fresh or thawed frozen broccoli flowerets

1. In medium skillet over medium-high heat, heat oil. Add chicken and cook 10 min. or until browned. Set chicken aside. Pour off fat.
2. Add soup, water, paprika and pepper. Heat to a boil.
3. Stir in rice and broccoli. Place chicken on rice mixture. Reduce heat to low. Cover and cook 5 min. or until chicken is no longer pink. Serves 4.

RIGHT HERE.

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CHEDDAR CHEESE
CHEESY BROCCOLI POTATO TOPPER



- 1 can Campbell's® Cheddar Cheese Soup
- 4 large hot baked potatoes, split
- 1 cup cooked broccoli flowerets

1. Stir soup in can until soup is smooth.
2. Place hot baked potatoes on microwave-safe plate. Carefully fluff up potatoes with fork.
3. Top each potato with broccoli. Spoon soup over potatoes. Microwave on HIGH 4 min. or until hot. Serves 4.

CREAM OF POTATO
EASY CHICKEN POT PIE



- 1 cup cubed cooked chicken
- 1 cup frozen mixed vegetables, thawed
- 1 can Campbell's® Cream of Potato Soup
- 1/8 tsp. pepper
- 3/4 cup milk
- 1 egg
- 1 cup Bisquick® Baking Mix

1. Preheat oven to 400°F. In 9" pie plate mix chicken, vegetables, soup, pepper and *1/4 cup* milk.
2. Mix remaining milk, egg and baking mix. Pour over chicken mixture. Bake 30 min. or until golden. Serves 4.

CREAM OF MUSHROOM WITH ROASTED GARLIC
CREAMY MUSHROOM-GARLIC CHICKEN



- 1 tbsp. vegetable oil
- 4 skinless, boneless chicken breast halves
- 1 can Campbell's® Cream of Mushroom with Roasted Garlic Soup
- 1/2 cup milk

1. In skillet over medium-high heat, heat oil. Cook chicken 10 min. or until browned. Set chicken aside. Pour off fat.
2. Add soup and milk. Heat to a boil. Return chicken to pan. Cover and cook over low heat 5 min. or until chicken is done. Serves 4.

CREAM OF CHICKEN WITH HERBS
CREAMY HERBED CHICKEN



- 1 tbsp. vegetable oil
- 4 skinless, boneless chicken breast halves
- 1 can Campbell's® Cream of Chicken with Herbs Soup
- 1/2 cup milk

1. In skillet over medium-high heat, heat oil. Cook chicken 10 min. or until browned. Set aside. Pour off fat.
2. Add soup and milk. Heat to a boil. Return chicken to pan. Cover and cook over low heat 5 min. or until chicken is done. Serves 4.

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CREAM OF CELERY

CREAM OF POTATO

30 Days to a Perfect Christmas



By Janet Bailey

Ever marvel at the people who seem to sail through the weeks leading up to Christmas, doing all they need to do without seeming stressed, and taking real joy in the season? Now you can be one of them. We've gathered a month's worth of plan-ahead tips and tricks to help you bypass crowds and save time. Join the ranks of those who preserve energy for all that exhausting Christmas shopping, and who get to truly enjoy what matters most: savoring the holidays with the family.

november

wednesday **Getting an early dismissal from work this Thanksgiving Eve? Use the time to pick up Christmas cards while selection is its most lush. At home, gather addresses of folks new this year to your card-mailing list.**

thursday **Happy Thanksgiving! Try not to think about the fact that there are only twenty-seven shopping days till Christmas!**



friday **Skip the crowds at stores and treat yourself to a relaxing bubble bath instead. Or compromise: Make productive use of soaking time by shopping by catalog!**

saturday **Do a family holiday-outfit inventory to make sure everyone has something festive to wear—and that the kids haven't outgrown last year's Christmas finery. And as it might slip your mind later, take the clothes to the dry cleaner.**

sunday **Buy supplies: film, batteries, tinsel, extra bulbs, ornament hangers, wrapping paper, ribbon, gift tags, tape, parcel paper, mailing labels. Set up a table in the corner of the family room for gift wrapping and card addressing.**

december

monday	tuesday	wednesday	thursday	friday	saturday
1	2	3	4	5	6
Getting a jump on cards now will make the process less painful: Write three to five messages per night, while the kids address envelopes. Don't mail any yet.	Place your order for turkey, honey-baked ham or other roast for Christmas dinner. Tell them to have it ready by the twenty-third.	Before schedules fill up, get the family looking their holiday best. Make appointments with the hairdressers (yours and the kids'), manicurist, even the dog groomer. While you're at it, book yourself a relaxing facial or massage two weeks or so from now when you know you'll need it.	The season's still young, so, after you fulfill your Christmas-card quota, why not take a break?	Check the newspaper for holiday craft sales and gift bazaars at churches and schools, and pick up stocking stuffers and inexpensive gifts for co-workers, neighbors, kids' teachers.	Take the family to buy a Christmas tree now while the supply is best. Keep the tree outside, out of sun and rain, until you're ready to decorate it. Cut off an inch at the base before you bring it indoors, and put the tree in water.



december

sunday	monday	tuesday	wednesday	thursday	friday	saturday
7	8	9	10	11	12	13
Have a family baking marathon! Freeze multiple batches of each person's favorite cookies. Also bake lebkuchen, pfeffernusse, or other cookies that need a few weeks to soften. Store in airtight containers at room temperature.	A good time to cut boxwood and evergreen for garlands. The plants have hardened (stopped growing) by now, and the cuttings should remain green and bushy a solid four weeks.	Take the kids to the mall to visit Santa. (Midweek early in the month is least mobbed. Working moms: Get in line around six P.M., and you should breeze on through.)	Write checks to your favorite holiday charities.	Now's the time to start dropping hints about what *you'd* like for Christmas.	Pop popcorn to deck the tree; before stringing, let it sit a few hours to soften (popcorn will crumble if you string it fresh). Gourmet brands are more compact when popped and hold together well.	Enjoy a much-deserved day off.







30 days to...

december

sunday 14 Throw an *It's a Wonderful Life* party. Invite a few close friends over, fill bowls with munchies, load the video and settle in for a night of good old-fashioned optimism. When they start singing "Auld Lang Syne," uncork some champagne!

monday 15 Scan the week's TV listings so you won't miss any favorites, such as *Miracle on 34th Street* or *How the Grinch Stole Christmas.* Next Monday, do the same thing.

tuesday 16 Mail cards to arrive a week before Christmas (see right).



wednesday 17 Mix up a pot of hot mulled wine or cider. You can refrigerate it for days and then reheat it, filling the house with fragrance.



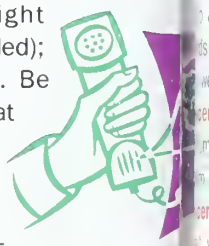
thursday 18 If you buy potted paperwhites and red amaryllis for every room in the house now, they'll look their prettiest Christmas week.

friday 19 In many places, today is the last day of school before Christmas break. In the morning, don't forget to pack teacher's gift in your child's backpack.

A Little P.O. Know-How

The Postal Service swears the maintain their year-round deliver time standards at Christmas. Stil when it comes to the mail, timing i everything:

Late November: Stock up on stamp but skip the lines. Call 800-STAMP 24 to order by phone any time of day or night (Thanksgiving included); $1 service charge. Be sure to specify that you're ordering from the Stamp-24 menu, to ensure that your stamps arrive quickly.



December 15: The post office' busiest day all year. Stay away you can, and in general try to avo visits on Mondays this month, whe

The cranberry sauce is homemade.

The pumpkin pie is your grandmother's.

The tablecloth is an heirloom.

So why would you make an everyday, boxe

nost people send off their weekend urchases.

By December 1: for airmail cards o Central and South America and frica.

By December 8: for airmail to Eu-ope, the Far East, Australia, New ealand, the Caribbean, Southeast sia and the Middle East.

By December 12: to Canada.

ecember 16: Mail your parcel post ackages by today so that they will rrive in plenty of time for Christmas. lso a good day to mail Christmas ards if you'd like them to arrive in ne week before Christmas.

ecember 17: The day the biggest olume of cards *arrives*, so make oom on the mantel.

ecember 20: Send late gifts priority ail, which takes two to three days.

ecember 24: Send last-minute gifts xpress Mail; in most metropolitan reas, the Postal Service will deliver nem on Christmas Day, and the car-er may even wear a Santa suit!

december

saturday Doubtless this will be a big shopping day, but steal an hour at the gym to burn off those holiday cookies.



sunday Pour yourself a pregame eggnog; get ready to cheer your favorite pro team on the last weekend before playoffs.

monday Gather a group for an evening of old-fashioned door-to-door caroling. Dress warmly—and pray for snow!



tuesday Beat the crowd and pick up your Christmas roast. Tomorrow, you can gloat while everybody else spends hours in line.

wednesday Thaw frozen cinnamon rolls or stollen for a no-brainer breakfast tomorrow morning. And don't forget the milk and cookies for Santa!



thursday Merry Christmas! Count your blessings!



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GOING AWAY FOR THE HOLIDAYS?

Planning a trip during this busy time of year requires working well in advance. For instance, air carriers start offering their lowest fares for Christmastime departures around the first of October, and prices really jump around **October 15.** Some other key dates:

If you're traveling by plane

Early November: Seat assignments often aren't available until 45 to 60 days before departure, so call the airline now to choose your seat.

Early December: Your last chance for savings—most airlines offer fare breaks 21 and 14 days in advance of departure.

Mid-December: Because most airlines limit travelers to two carry-ons and two checked pieces of luggage (and may charge hefty fees for additional bags), it may be wise to ship Christmas gifts by now if transporting them yourself will put you over the limit.

If you're traveling by car

A few days before you go: Check all fluid levels (oil, coolant, washer and brake fluid) and measure tire pressure—spare included.

If you're going to be away for more than a few days

Mid-November: Arrange to board the family pet if he or she won't be traveling with you. Some kennels have waiting lists nine hundred names long by the time Christmas rolls around!

One week before you go: Arrange to have a neighbor check on your house and to have the post office stop delivering your mail. Also, put newspaper subscriptions on hold.

Day of departure: To conserve energy—and prevent pipes from freezing—set your thermostat no lower than 55°F.

CLAIROL'S MOST FASCINATING WOMEN SWEEPSTAKES

As seen on page 29

OFFICIAL RULES—NO PURCHASE NECESSARY

HOW TO ENTER Complete an official entry form available at participating Rite Aid, Thrifty Payless and K&B Drugs between November 11 and December 15, 1997 or print your name, complete address, daytime telephone number and your choice of the most fascinating woman of 1997 on a postcard. Mail to "Clairol's Most Fascinating Woman Sweepstakes," P.O. Box 3940, Milford, CT 06460. Enter as often as you wish, but each entry must be mailed separately and postmarked by December 17, 1997 and received by December 22, 1997. Only one entry per envelope will be considered. Not responsible for lost, late, illegible, postage due, stolen, misdirected mail or entries.

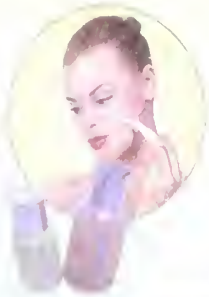
PRIZES One (1) Grand Prize: Trip for two (2) to New York, NY, consisting of round-trip coach air transportation from nearest major airport to winner's residence and 3 days/2 nights double-occupancy hotel accommodations, and total of $200 per day meal allowance. Makeover for one (1) person includes hair, makeup and a $500 clothing allowance (ARV= $5,000). Grand-Prize trip dates are subject to availability and must be taken by December 31, 1998. Blackout periods and other travel accommodations restrictions may apply. Expenses not specified are winner's sole responsibility. In the event a winner cannot take trip within time specified, he or she will forfeit the trip and an alternate winner will be selected by random drawing. Ten (10) First Prizes: A Clairol® makeover in your hometown, includes hair and makeup consultation at salon selected by sponsor (ARV=$175). Twenty-five (25) Second Prizes: A one (1) year supply of Clairol® products as chosen by sponsor (ARV=$75). Odds of winning depend on the number of eligible entries received. No transfer, assignment, cash redemption or substitution of prizes except by sponsor due to prize availability, and then for a prize of equal or greater value.

JUDGING Winners will be selected in a random drawing from among all eligible entries received by Project Support Team, Inc., an independent judging organization, on or about December 23, 1997. By participating, entrants agree to abide by these official rules and the decisions of the judges which shall be final and binding in all respects. Winners will be notified by mail. Winners will be required to sign and return an affidavit of eligibility, a liability release and, where legal, a publicity release within 14 days of notification. Non-compliance, or if prize notification or prize is returned as non-deliverable, will result in disqualification and alternate winner will be selected. Grand Prizewinner's travel companion will be required to sign and return release of liability within 14 days of notification. By accepting prize, winner agrees that Meredith Corporation, Bristol-Myers Squibb, Rite Aid Corporation, their respective parents, subsidiaries, affiliated companies, advertising and promotion agencies, Project Support Team and their respective officers, directors, employees, representatives and agents shall have no liability and will be held harmless by winner and travel companion for any damage or loss due in whole or in part, directly or indirectly, by reason of the acceptance, possession, use or misuse of prize or participation in this sweepstakes. Further, by accepting prize, winner agrees that Meredith Corporation and those acting under its authority, where lawful, may use winner's name, picture, portrait, likeness and or voice for advertising and promotional purposes without further consideration. Taxes, if any, are the sole responsibility of the winner.

ELIGIBILITY Sweepstakes open to legal U.S. residents, 18 years of age or older, except employees and directors (and their respective immediate families and those living in their same households) of parents, subsidiaries and affiliated companies of Meredith Corporation, Bristol-Myers Squibb, Rite Aid Corporation, their advertising and promotion agencies and Project Support Team. This sweepstakes is offered nationally. Subject to all federal, state and local laws and regulations. Void where prohibited by law. For a list of prizewinners, send a stamped, self-addressed envelope by January 30, 1998 to: "Clairol's Most Fascinating Woman Sweepstakes" Winners, P.O. Box 3065, Milford, CT 06460. Sweepstakes sponsored by Bristol-Myers Squibb and promoted by Meredith Corporation and Rite Aid Corporation.

HOLLYWOOD H[illegible] B[illegible] BY IGIÁ





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$25 & UNDER

(clockwise from top left) **Trendy Tootsies:** These shimmery trouser socks from Ralph Lauren ($12.50) give pants pizzazz and make great stocking stuffers. **Wrap It Up:** Anyone whose old overcoat needs sprucing up will appreciate receiving one of these delicate, opaline scarve (Echo, $18). **Cents Appeal:** Here's a great gift for someo who is always losing change and car keys in the couch—a Esprit wallet and key chain combo ($16) with a glossy two-tone finish. **Finger This:** Woolen mittens are yesterday news. But these hip, metallic-finished, waterproof gloves from The Gap ($18.50) are a the rage now. **Makeup Ready:** One of the season's must-hav accessories: a snazzy and sexy faux leopard makeup ba (Old Navy, $4.50).

the price is right



$25–$50

(from left) **Cold Comforts:** Keep a friend's footsies war with The Gap's fuzzy flannel slippers ($28 **Chinese Takeout:** Eas meets West in this Asian-inspired purse (Vanessa, $42). **For Paws:** Agatha's stret leopard gloves are th cat's meow ($36). **Aroma Therapy:** You' spread joy when you give Lauder Pleasure for Men (1.7 oz., $2


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Gifts you'll love...

the price is right



$25–$50

(clockwise from top left) **Calvin's Chemistry Set:** Fragrance fanatics can make their own scents with Calvin Klein's Essence of Obsession gift set ($45)—1.7 ounces of the original formula, plus four oils to mix their own personal blends. **Schussing with Style:** Ski jacket's frumpy? Not Old Navy's opalescent night-blue creation ($48). **Undergarment Department:** Express's ruby-red velvet camisole ($29) will spice up any New Year's Eve party ensemble. **Second Skin:** These snakeskin-print jeans from XOXO ($42) could be the one item missing from your clotheshorse friend's crush of a closet. **A Plum of a Shirt:** The man in your life may not be aware of it, but lavender is a universally flattering color. This well-cut shirt (Nautica, $45) also makes a refreshing break from traditional white and goes beautifully with their iris-blue silk tie ($39.50).

for those extra-special someones

$50–$100

(from left) **Red Alert:** This "pleather" blazer (XOXO, $55) has the panache of leather—for a fraction of the price. **Black Magic:** Layered atop a solid shell, this sheer floral french-cuff shirt (Guess?, $78) goes from evening to day wear in a mere finger snap! **Animal Magnetism:** Esprit's leopard-print cardigan ($78) is purr-fect—even for the conservative-minded. **Time Cop:** This bright-faced, chunky silver watch from Anne Klein II ($75) is a truly up-to-the-minute way to tell time!







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BABIES FOR SALE

For years in this small-town clinic, hundreds of babies were secretly sold to desperate couples. Then one woman discovered the shocking truth. A *Journal* exclusive report By Kathryn Casey







Jane Blasio discovered that she and her sister, Michelle (far right), were among as many as two hundred babies sold by Georgia doctor Thomas Hicks (above) in the fifties and sixties

"I was five when my parents told my older sister, Michelle, and I that we were adopted," says Jane Blasio. In the sunny kitchen of her Jackson Township, Ohio, home, the thirty-two-year-old former insurance investigator slowly measures her words. "We heard relatives whisper the words: black market. I never asked my mother about it. I could feel the tension in her whenever [the subject of adoption] was brought up."

In 1988, after her mother's death from cancer, Jane felt overwhelmed by the need to know where she had come from. "Tell me about how you and Mom adopted me," she asked her father one day. "I'm going to start looking for my heritage."

Her father, James Walters, a retired businessman, explained how her mother, Joan, had once given birth to a son who died a few days later. Joan never got pregnant again.

The couple turned to Thomas Jugarthy Hicks, M.D., a doctor who ran a clinic in McCaysville, Georgia. Twice over a three-year period, the couple traveled to the small town on the Tennessee border. The first time, they paid $800 for Michelle; the doctor even gave them a falsified birth certificate that listed them as her birth parents. In January 1965, they paid $1,000 for Jane.

That day began a nine-year odyssey for Jane Blasio, one that repeatedly led her to McCaysville, pursuing the ghosts of decades past. Along the way, she unraveled mysteries that not only affected her, but as many as two hundred other "Hicks babies" sold by the doctor for between $100 and $1,000, from 1951 to 1965.

Her efforts are not without controversy among her fellow adoptees, yet few would disagree that Jane has opened a window into their past. "Without Jane, none of us would know the truth," says her sister, Michelle Walters, thirty-six.

When she began her quest, Jane had no idea how many lives she would touch. Her goals were strictly personal. "I wanted to look at someone else and see myself," she says, tears in her eyes. "I did this for me."

The story her father told her that day gave Jane the information to begin her search. He explained that he and her mother had learned of Hicks through a McCaysville woman who had settled in Akron and adopted four children of her own.

Jane also got her first inkling of Hicks's eccentricities when her father described the adoptions. Her parents had been told they couldn't demand a boy or a girl, and that when the call came, they had twenty-four hours to pick up their newborn, or the infant would be given to another couple.

When they adopted Michelle in September 1961, Hicks carefully staged a childbirth tableau: Jane's father was escorted to a room where he found his wife in a *(continued)*

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hospital gown in bed, feeding their new baby a bottle, as if she'd just given birth.

But when the call came about Jane's birth in January 1965, Hicks said this would be the last of the babies. When Jane's parents arrived in McCaysville, Hicks took his money and quickly handed Jane through the clinic's back door.

To Jane, each insight represented a piece in the puzzle of her birth. "I've always loved a good mystery," she says, smiling. "And this one I couldn't resist."

DR. JEKYLL AND MR. HYDE

In mid-1988, Jane and her husband, Michael, traveled to McCaysville. For Jane, it felt like a reawakening. "I had this incredible feeling," she says. "I kept thinking, This is my birth story. It's hidden here."

Jane returned to the town several times. She'd always begin at the courthouse, where she'd request a copy of her birth certificate and ask questions of anyone who might know of the doctor and the clinic. Afterward, she would strike up conversations with elderly people, sometimes on the street.

"I was born at the Hicks clinic," she'd say. "Do you remember it?"

At times, her inquiries met with outright hostility. "Little girl, you may not want to be asking questions about things like that," one man warned her.

Yet slowly, Jane chipped away at the wall of secrecy. She learned that in McCaysville and neighboring Copperhill, Tennessee, Hicks, who had died in 1972 at the age of eighty-three, was viewed as both hero and rogue.

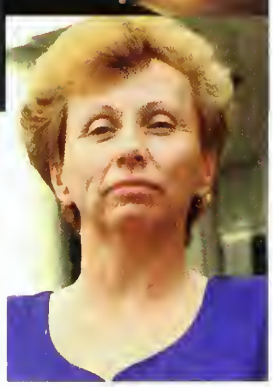
"He was a Dr. Jekyll and Mr. Hyde," says Greg Crawford, a local banker, who grew up in the town.

Hicks, a member of the local Kiwanis Club and the First Baptist Church, was married with three children. Yet he was also known to have mistresses—one was the owner of a beauty salon. A legendary skinflint, Hicks earned the nickname *Bulova* when he took a wristwatch off a corpse.

Jane also learned that Hicks had a history of run-ins with the law. In the forties, he'd moved to Georgia after relinquishing his medical license in Tennessee and serving time in a federal prison for illegally selling narcotics. In a box of dusty files in the courthouse basement, Jane discovered that Hicks had also relinquished his Georgia medical license on a charge of performing then-illegal abortions.



Jane and some of the other adoptees gathered in McCaysville last August. Judge Linda Davis has helped the "Hicks babies" search for their past



Although townsfolk gradually opened up to Jane about the doctor, few wanted to speak about the adoptions. "We just felt like Dr. Hicks was finding children homes," says Doris Abernathy, seventy. "It was like, Thank goodness the children have a place to go."

As the months and years passed, Jane's father would sometimes ask about her progress. "I didn't tell him a lot," she says. "I didn't want to make him feel that I was digging this stuff up to throw in his face."

Quietly she continued her search. She learned that Hicks's clinic had housed other businesses since the doctor closed his doors. No files belonging to the doctor had ever been found. She located Hicks's lawyer, who is now deceased, only to have him tell her, "There's nothing for you in this town."

A woman who worked for Hicks, who has also since died, was more forthcoming. She told Jane that most of the birth mothers arrived just days before their deliveries, but some lived there for months, hiding out from the prying eyes in their hometowns. After their deliveries, Hicks sometimes gave them money for a new outfit, or sent them to the beauty salon, with orders to "make themselves pretty."

Jane even managed to track down Hicks's only surviving child, Margaret Brown, a sixty-eight-year-old Bible teacher. Brown, who believed her father's adoptions were handled legally, says she felt deeply touched by Jane's story. "I'd love to help her; I just don't know how. I don't know about any records he kept," says Brown, who describes her father as a delightful man. "He did a good thing, kept a lot of babies from being aborted. . . ."

NO LONGER ALONE

In early 1993, Jane's luck finally changed. She walked into the county courthouse and asked the new probate judge, Linda Davis, for a copy of her birth certificate. Looking at the woman with the kindly smile, Jane suddenly said, "I don't really need that. Let me tell you my story."

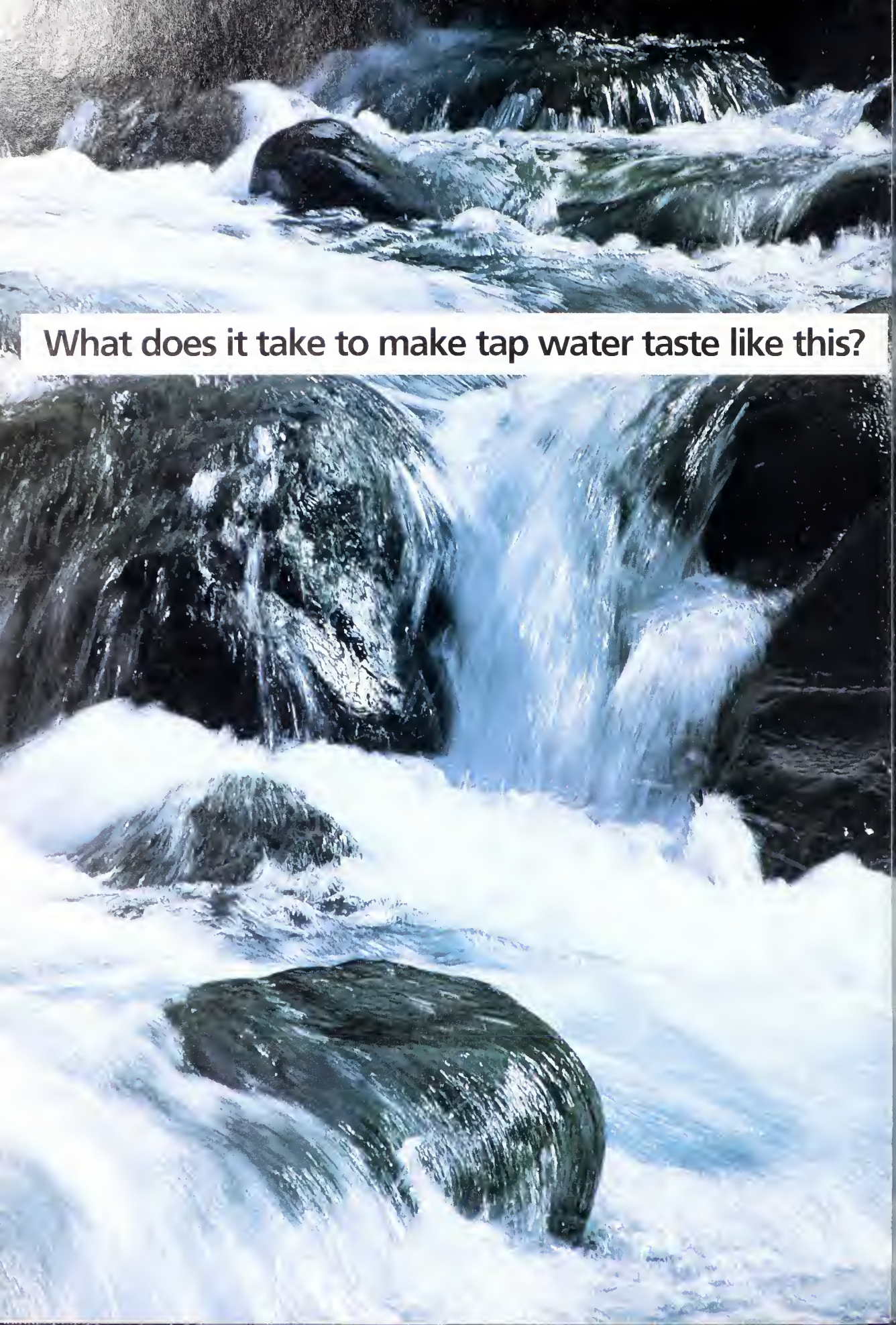
"[Her tale] was a little bizarre," admits Davis. "But I *(continued)*

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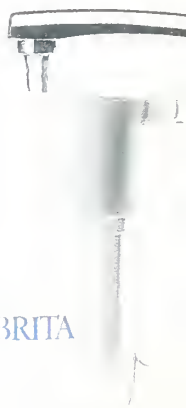


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thought, This is too bizarre for her to be making it up." And Jane did have evidence—her falsified birth certificate listed her adoptive parents as her birth parents.

Before they parted that day, the judge and Jane made a pact: If anyone contacted Davis with a similar story, and the caller agreed, she'd put her in touch with Jane.

Over the next three years, a handful of people called. Fascinated, Davis scoured the file cabinet that held the county's birth certificates. By early 1997, she'd found approximately fifty certificates of deliveries at the Hicks clinic with parents from several other states. Davis suspected they all had to be falsified records. Why else would couples travel to give birth in a small-town clinic?

Meanwhile, Jane interviewed the adoptees who had come forward. She heard stories so like her own it felt as if she had discovered a new family with a shared past.

Then something happened that made Jane realize it was time to take action. In early 1997, Melinda Elkins, thirty-five, one of the adoptees, was called by someone claiming to be a relative, offering to introduce her to her birth mother. Elkins, who had breast cancer, desperately wanted to meet her birth family. She waited at the appointed place, but no one showed up.

Elkins's story touched Jane. Even more compelling: Elkins bore a striking resemblance to Michelle, Jane's sister.

Jane decided only one answer to the Hicks babies dilemma made sense. She would tell her story to the world and hope that other adoptees and their birth mothers would come forward.

Jane called the *Akron Beacon Journal*. Last Mother's Day, the paper ran a front-page story with her photo and the headline: "Sold Children Dig for Truth."

All that day, Jane waited for the phone to ring. It didn't. That night, she was desolate. "I actually broke down and cried," she says. "I had opened myself up for nothing."

But early the next morning, the phone rang. It hasn't stopped since.

SMALL VICTORIES

Within weeks of the article, Jane and Judge Davis were bombarded with what they estimate to be more than three hundred phone calls. Some were crank calls; Jane even received a few proposals of marriage. Some were anonymous threats warning the women that if they continued to pursue the past they would have to accept the consequences.

AS SHE CONTINUED TO SEARCH FOR THE TRUTH, JANE BEGAN TO GET THREATENING PHONE CALLS

Some callers claimed to have information to help in their search for records. "Someone should look in the mausoleum," one whispered over the phone to Jane.

Although she was doubtful, Jane approached a judge and a county investigator and convinced them to get a court order to open the crypt Hicks had built but never used (he and his family were buried outside the structure). Last June, as Jane watched, a locksmith jimmied the lock. The crypt was empty.

Yet, for the most part, the article had done what Jane hoped. By August, she had accomplished what she'd dreamed of: a registry for Hicks babies and their adoptive and birth parents to reconnect. It included thirty-four adoptees and four possible birth mothers. Two of the mothers said Hicks had told them their babies had died at birth. Now they wondered if the infants had really died.

"We won't know unless we're able to match them up with an adoptee," says Jane. "Right now, I have no hard feelings for Dr. Hicks. But if it's true. . ."

The registry Jane named Silent Legacy arranged for adoptees and birth mothers to have their DNA tested at Genetica, a Cincinnati laboratory. This summer, the lab made its first match—and Deloris Hammond, fifty-seven, found the son she'd dreamed of for years.

In 1962, Hammond, then twenty-two, was four and a half months pregnant, separated from her husband and working as a hairdresser in Chattanooga. She heard about the Hicks clinic from a friend. Once there, Hicks told her she was too far into the pregnancy for an abortion, but that he'd deliver the baby at no cost to her and place it with a family. Hammond stayed in McCaysville, working for free for Hicks's mistress at the beauty salon, until the baby was born. Then, the infant was whisked away.

"I didn't feel I had any other choice," says Hammond.

After she heard about Jane through a friend, Hammond, who lost her daughter in a car accident in 1990, contacted Silent Legacy. "If it hadn't been for the registry, we never would have been reunited," she says.

Her son, Alan Stevens*, thirty-five, agrees. "For the first time, I don't feel like I'm missing a piece," says Stevens. "I looked into Deloris's eyes and saw my own."

A KEY TO HER PAST

Yet not everyone is happy with Silent Legacy—or Jane's efforts. Some adoptees in the group charge that she's stolen the limelight—barring them from talking to the media and keeping *(continued on page 123)*

**Name has been changed.*

Mother knows BEST

We asked moms around the country, "What's the best thing you ever did for your kids?" By Aimee Kendall



TV's favorite moms taught the value of chores



. . . of sharing triumphs



. . . of talking things out

THE TIES THAT BIND

The best thing? Nurturing friendships among my children. We always ate dinner together. When one kid wasn't finished, I'd nudge the others to linger and keep him or her company. When one had a sports event, the whole family would attend. I wanted them to know that family supports family. These days, my children are scattered all over—but when something happens in their lives, good or bad, their siblings are the first to know.

—Susan Ross, 49, Poquoson, Virginia; daughters, 25 and 18; son, 21

When my kids tattle, I nip it in the bud. I have them go into one room, sort out the particulars, then come out with one story. They wind up cooperating in spite of themselves.

—Cathy Sheaffer, 46, Salt Lake City, Utah; sons, 12, 9 and 7

MOM AND POP CULTURE

Two years ago, I set this rule: The TV can stay on for only a half hour per day. You'd be amazed at how much you communicate with one another without that distraction. Since there's "nothing else to do," our kids play board games, build with Legos or listen to the radio.

—Sheryl Keller, 41, Maple Grove, Minnesota; sons, 10 and 7

My kids made their own fashion statements. When our older son was sixteen, he came home with a pierced ear. We did not blow up, and it turned out to be a bonding experience. Today, he looks back and thanks us for being such "cool parents."

—Rosemary Innes, 53, Flushing, New York; sons, 25 and 14

THE LIFE SKILLS THAT COUNT

I give the gift of humor. My son, Chewy, has cystic fibrosis, and whenever we can, we make jokes about his treatments. One time, after a sinus operation—a common, and very uncomfortable, procedure for CF kids—his nose was packed with so much cotton that his voice changed. He went into this Donald Duck–like character for a couple of days and made us all laugh. When kids with chronic illnesses start to realize what's really going on, it's tough to keep them from getting depressed. So we try to make every moment as happy as possible.

—Tina Trombi, 46, Salt Lake City, Utah; daughter, 15; son, 13

From the time they were old enough to pick up their toys, all my kids have cleaned their rooms first thing every morning. They've also brushed their own teeth, washed their own faces and bathed themselves. I see so many people who never had to take responsibility as kids, and now they don't know how.

—Chiquita Singletary-Brown, 33, Colorado Springs, Colorado; sons, 10 and 5; daughters, 8 and 4

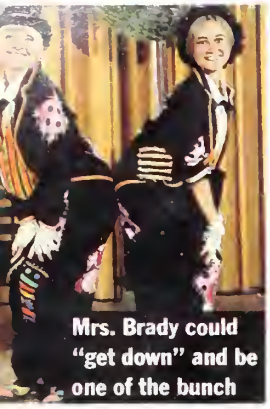
I'm glad I worked outside the home when my kids were small. It forced me to be more organized, and it set a good example, particularly for my two daughters. One of them recently told me that my career had taught her the importance of a good work ethic, and how to manage personal *(continued)*


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and family time effectively. It also encouraged them to pursue interests I didn't share, like going hunting with their father. Now, both my daughters have succeeded in traditionally male occupations: One is a forester; the other, a probation officer.

—Mary Jo Lavenhagen, 53, Philo, Illinois; daughters, 32 and 30; son, 26


Mrs. Brady could "get down" and be one of the bunch

I read to my children from the time they were infants, and as soon as they were able, I let them read to me. Reading has not only broadened my kids' experience, vocabulary and imagination, it has also been a wonderful means of communication. My daughter and I started a book club with other moms and daughters. Discussing books allows us to get across certain points that a family powwow simply cannot.

—Shireen Dodson, 46, Washington, D.C.; son, 17; daughters, 12 and 7

Even though my daughter has been legally blind since birth, I've let her play a big part in raising her little brother, who is nine years younger. I wasn't 100 percent sure she'd be able to handle it, emotionally or physically, but she's become a "little mommy" to him—changing diapers, making bottles and rocking him to sleep. And he helps her, too, acting as her eyes. Disabilities have the potential to alienate siblings; instead, my kids have grown closer.

—Jo Lynn Chesser, 38, Pineville, Louisiana; daughter, 12; son, 3

BEYOND SOCCER MOM

I've begun Suzuki piano lessons with my kids. In Suzuki, a parent has to be the home teacher, so I spend an hour every day practicing with them. It's so rewarding to share another language of expression with your kids. And I have a hunch it will help with their reading and math—not to mention teaching them discipline and the value of following a routine.

—Jean Heilprin, 39, Chevy Chase, Maryland; son, 6; daughter, 4


From the picture-perfect fifties family

I signed my kids up for swimming lessons when they were quite young. Not only did it reduce their risk of drowning in one of our neighbors' backyard pools, but it also emboldened them. They're at ease with challenges because they've always had something they could do without clinging to Mom and Dad.

—Ginda Jones, 46, Las Vegas, Nevada; daughter, 21; son, 19


. . . to single moms taking it one day at a time

I am a soccer mom in the truest sense—I play in three local leagues. Seeing me pursue something I love inspired my older daughter to join a team herself. I go to her games—she's the goalie—and my kids cheer me on at mine.

—Sheila Felock, 37, Finksburg, Maryland; daughters, 8 and 4

TAKING THE TIME

I always reserve time for myself—it's the only way I can muster the patience to raise eight kids. Working out every day is my extra thing. It may sound selfish, but I can't be a good mom if I'm not a happy mom.

—Cheryl Washington, 36, St. Louis, Missouri; daughters, 16, 14, 6 and 3; sons, 14, 12, 10 and 8


. . . mothers everywhere know that love conquers all.

Ever since our kids were babies, we've had a "family cuddle" in the morning. When the children wake up at around seven, they come to our bed. For ten minutes or so, we just chat or swap dreams from the night before. This really reaffirms for them—and for us—that they have our undivided attention and are our first priority. *—Connie Feutz, 41, Acme, Washington; daughter, 7; son, 5*

I volunteer in my daughter's classroom once a week for three or four hours. Even on days when I work with other kids, she gets really excited and it makes me feel I have more of a hand in her education. Now when I ask, "What did you do at school today?" I have a better frame of reference, right down to who sits where in her classroom.

—Robin Howse, 27, Greensboro, North Carolina; daughter, 8

My decision to quit my job has enabled my husband and me to pass on our faith and our morals in a way that would have been impossible if both of us were working. It's hard—sometimes we do without—but material things are less important than the wisdom our children have gained from having me at home. *—Bianca Rush, 40, St. Louis, Missouri; daughters, 11 and 7; sons, 10, 9 and 2*

I've gone back to school full-time, despite the strain it *(continued)*

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MOTHER KNOWS BEST

Continued

puts on our finances. I'm a single mom and take courses two nights a week and every other weekend. Most of my alimony goes toward tuition, so I had to swallow my pride and get on government assistance for food and utilities. But there is no better way teach kids the value of education. We even do our homework together. *—Mary Beth Freckmann, 33, Milwaukee, Wisconsin; sons, 8 and 7; daughter, 4*

ON THEIR OWN

Rather than buy my sons the new Nintendo system they wanted, I made them earn it themselves—something they never realized they had the power to do. We opened a bank account and gave them money for chores. They got so busy earning money, they forgot to fight!

—Katie Forney, 41, San Antonio, Texas; sons, 14 and 9

Going to summer camp has been great for my kids. They've learned how to swim, ride horses and survive in the woods. They don't come unglued if they see a spider or a snake. They can deal with soggy sleeping bags. Best of all, they realize they don't need all the junk they have at home—TV, VCRs, computer games—to be content.

—Linda Bowsher, 49, Baton Rouge, Louisiana; daughters, 20 and 15

I've learned to separate my own ego from theirs, and to let my kids make their own mistakes. Once, I had to meet with my son's teacher because he had called the principal a derogatory name. My gut reaction was to feel guilty and ashamed—partly because I'm a teacher myself. But something clicked, and I realized that my kids are not direct extensions of me. My son chose his own repentance—apologizing to everyone involved. Now, if he refrains from cursing, he doesn't hear my voice in his head screaming, "Watch your language!" He hears his own.

—Kay Sandler, 46, Denver, Colorado; daughter, 16; son, 12

SPIRITUAL BLESSINGS

I deliberately raised my girls as cl to nature as possible. In the mou tains or at the ocean, you can't h but feel physically and emotiona healthy. No matter where they go, r daughters will always have this sec in reserve: A quick escape to a park garden will immediately put the stre es of the day into proper perspectiv

—Kathryn Waddell Takara, Kaaawa, Hawaii; daughters, 30 and

After my divorce, I realized tha couldn't be solely responsible for r kids' moral education, so I decided raise them in the church—even thou I'd once been rather antireligious m self. I found a wonderful congregati that emphasizes how your relationsh with God manifests itself in your re tions with other people. It has mad big difference; all my kids are cari and thoughtful. Also, I love that m children sit around and debate the e istence of God.

—Mary Mohler, 48, New York, N York; daughter, 14; sons, 12 and

THE HARD CHOICES

We talk about tough issues—dru sex, sexually transmitted diseases—t the dinner table instead of reservi them for "the talks." And we don sugarcoat anything. I've always fo that when you don't air an uncom fortable subject, the mystery or whets a kid's appetite to have the e perience—and possibly make t wrong decision.

—Andi Kessler, 47, Northbrook, Illino daughters, 22 and 19; son, 5

I've become a regular "patien rights" advocate for both my kid Because our first child has Down syndrome and has undergone thr heart surgeries in his young life, w learned right away the importance f understanding medical procedures not just to ease our worries but help us care for him. So I ask qu tions to my heart's content. If a nurse makes him irritable or nervou I request another. I may be les prone to panic when my younger s gets sick, but I am every bit as dire

—Kay Hanson, 36, Minneapo Minnesota; sons, 5 and 3

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NEIL - PPC 1997

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Gift ADVICE for large families

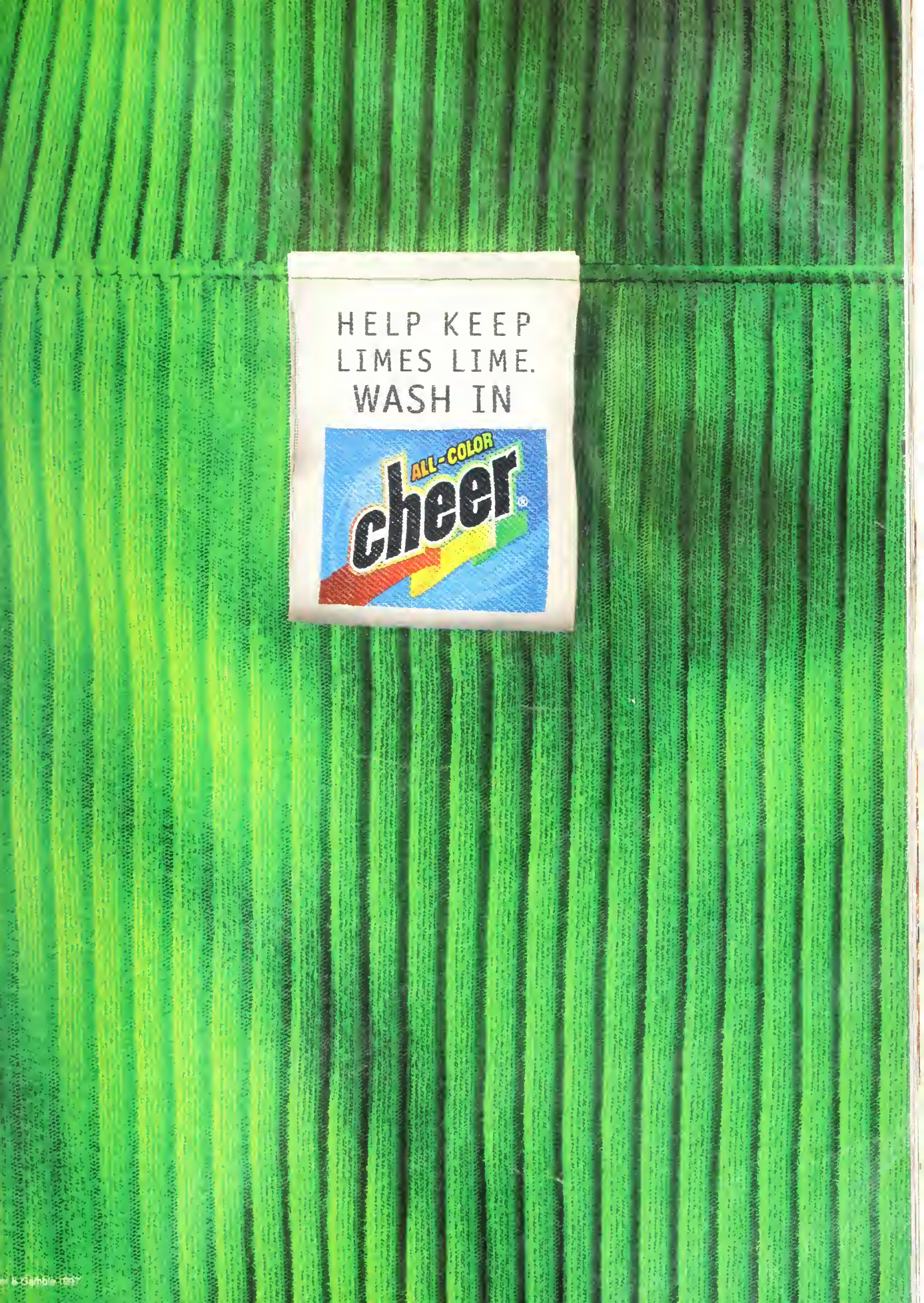
If your siblings are all married with kids of their own, your Christmas gift list has probably grown as long as Santa's. Here, Neale S. Godfrey, author of *A Penny Saved* (Fireside, 1996), provides budget-friendly ideas that let you say "I care" without looking like a Scrooge:

SET PRICE LIMITS Suggest a dollar amount that works for everyone's budget.

PURCHASE GROUP GIFTS If your and your sisters' households pool money to buy a gift for your brother's, you can splurge on a pricier item, like a TV.

PLAY SECRET SANTA Draw a family member's name out of a hat. That's the only person you buy for.

CUT ALL BUT THE KIDS Limit gift-giving to the children, and be sure everyone sticks to it. You don't want to be the only one without a gift for your mother. —Erica Lumière


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Why am I so tired all the time?

. . . and answers to other top questions women ask their doctors.

By Dianne Hales



Doctors don't intimidate me. As a medical writer, I interview physicians every week. Yet when I ask my own doctor questions about my health, I often find it difficult to get the explanations I'm looking for.

Marianne Legato, M.D., the founder and director of the Partnership for Women's Health at Columbia University, in New York City, isn't surprised. "Women's complaints have been minimized so often and so thoroughly that women lose confidence," she says. "They cannot insist on clear, convincing answers to their questions.

"Of course, each woman is different," adds Legato. "But there are concerns that I hear again and again." Here are the top questions women ask their doctors—and the answers every patient needs to know.

HOW CAN I COPE WITH THE STRESS IN MY LIFE?

"Stress is the chief complaint of many women," says Legato. Fortunately, she adds, there are plenty of effective stress-busting strategies: Exercise regularly, no matter how busy you are. Eat sensibly. Carve out some quiet time in the day for yourself, and learn a relaxation technique, such as stretching or yoga. Get enough sleep each night. And finally, even if your days are always hectic, pay attention to your needs as well as those of others.

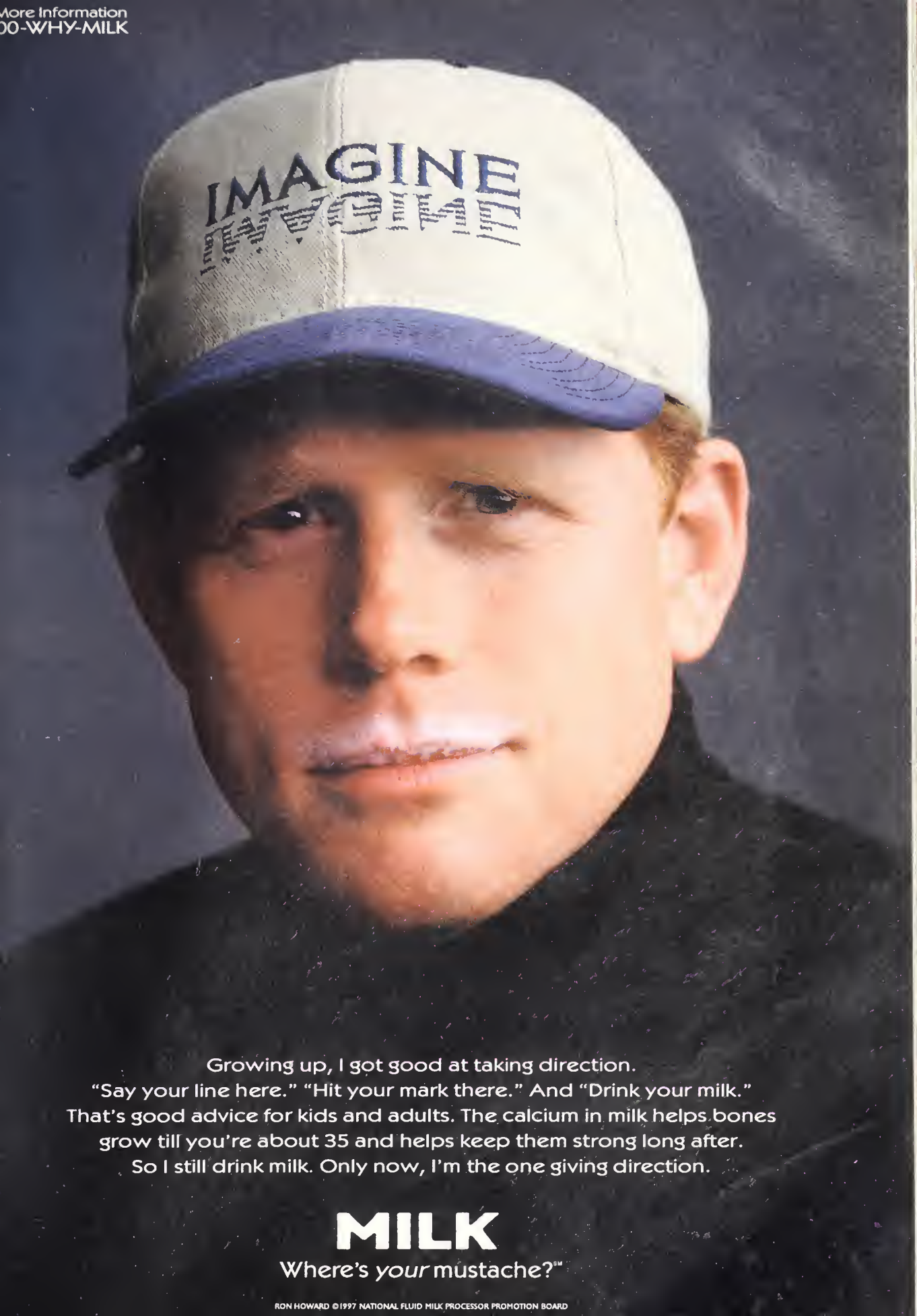
It's also important to recognize the difference between everyday tensions or anxieties and chronic stress. "We all have challenges, but serious stress can stem from chronic emotional pain from which there seems to be no escape," Legato notes. "This is the kind of stress that can assault the heart, the immune system, even the mind. Often, you can't eat, sleep or concentrate."

If you're coping with toxic stress, Legato advises writing down the serious problems you're facing and then dividing the paper into two columns—one for what's good about the situation and one for what's bad. Read over the list of negatives and draw a line through whatever you believe you cannot or should not tolerate any longer. Then confront the person or persons involved and state clearly what you want. You'll feel less stress once you seize control of your own fate.

DO I HAVE EARLY SIGNS OF ALZHEIMER'S DISEASE?

You walk into the kitchen and forget why you're there. You spy an old friend across a crowded supermarket but can't remember her name. Such forgetfulness can be normal, Legato says. "The key is whether your memory lapses are temporary and not getting worse." If so, your forgetfulness probably stems from serious fatigue, emotional stress or medication you might be taking, such as tranquilizers. "Stress and serious anxiety can have an effect on your ability to think clearly or concentrate," she explains. In other words, if you're caring for a dying parent or being audited by the IRS, you aren't *(continued)*

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Y AM I SO TIRED?

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g to remember to pick up milk. orgetfulness can also be the re- of chronic conditions, such as nia, potassium deficiency and hy- ayroidism. And during peri- opause or menopause, declining gen levels can also take a toll on memory. That's because there estrogen receptors throughout the y—even in the brain. New re- ch suggests that estrogen boosts nen's short-term memory and the ty to learn new tasks. If you're opausal, talk with your physician it your hormonal status and the ible risks and benefits of hor- e replacement therapy (HRT). t the same time, cultivate tech- es for coping with forgetfulness: down reminders, make lists, e yourself messages on your an- ing machine and stick notes on mirror. If such measures don't , make an appointment to talk our physician.

AT CAN I DO TO PREVENT A ART ATTACK OR CANCER?

rt disease and cancer are the two killers of Americans—women as as men. Your best defense nst them is a strong offense. st of all, know your risk factors," ses Legato. Be sure to inform physician if you have a family ry of heart disease or cancer. Get tal cholesterol test—one that will yze your levels of beneficial high- ity lipoprotein (HDL) and harm- low-density lipoprotein (LDL), triglycerides. Do breast self- as monthly, get annual Pap smears pelvic exams and undergo regular mograms starting at age forty. hen it comes to heart disease, e sure your physician knows the der-specific aspects of this deadly ss. "If your doctor cannot re- re you that you do not have heart ase, get proper testing," says to. This doesn't mean an exer- treadmill (the standard for as- ng male hearts). For women, the results often indicate a problem n none exists. The more precise assessment is a stress echocardiogram, which combines a recording of heart rhythm with ultrasonic images of the heart in action.

In addition, follow commonsense guidelines for healthy living. "The change I would recommend most would be not to smoke," says Legato. Also, exercise for thirty minutes at least three to five times a week. Eat a diet rich in complex carbohydrates, with plenty of fruits and vegetables. Get enough sleep, and build a relaxation routine into your life.

WHY AM I SO TIRED ALL THE TIME?

There are different types of fatigue. You may be chronically sleep-deprived; in that case, don't expect to bounce back to your usual energy after a single night of solid sleep. It will take a few nights to give you back your old energy level.

If your fatigue makes you feel "like you're walking under water, the problem could be severe anemia, or a low potassium level—which could be the result of using a diuretic or lots of laxatives, or diarrhea," says Legato. Other possible medical culprits include infections, low-grade fever and chronic fatigue syndrome—a persistent state of perennial exhaustion.

Overwhelming lethargy can also be a symptom of depression—a condition that affects as many as seven million women. Other symptoms include a lack of interest in your favorite pursuits, appetite and weight changes and disturbed sleep. The good news is that depression is highly treatable with therapy or medication or a combination of both.

Since persistent fatigue can be a sign of so many different types of health problems, talk to your doctor about how you feel. In some cases, you may have to undergo diagnostic tests or get a more thorough evaluation from a specialist.

SMOKING OR DRINKING OCCASIONALLY ISN'T REALLY THAT BAD FOR ME, IS IT?

Patients usually know the answer before they ask such a *(continued)*

Which way does your dog lean?

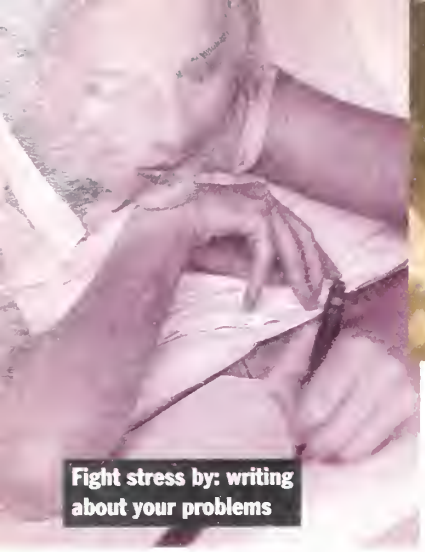


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Fight stress by: writing about your problems



. . . eating sensibly



. . . and exercising regularly

leading question; what they're hoping for is a nod that lets them off the hook. "I don't [do that]," says Legato. "I can give patients my best assessment of the risk associated with the behavior. But you have to decide if the pleasure is worth it."

Take alcohol. The American Heart Association recommends no more than one drink a day for women. "Alcohol affects many organ systems," Legato explains, "and with excessive alcohol, there are risks of damage to the liver, the brain, and intellectual function. As for breast cancer, studies show that there does appear to be an association with alcohol, but we don't yet know how significant it may be."

The risks associated with smoking are clear. According to the American Lung Association, more than 22 percent of all American adult women now smoke. Subsequently, lung cancer has surpassed breast cancer as the leading cause of cancer deaths among women; smoking also increases the risk of heart disease and respiratory problems like emphysema. "Even one cigarette a day increases your risk of heart disease," says Legato.

ARE MY SYMPTOMS ALL IN MY HEAD?

Nothing is more frustrating for someone who is sick than to be told, "It's all in your head." Yet that's exactly what countless women have heard from their doctors. "It infuriates me, because there is a reflex in many members of the medical profession to dismiss women's symptoms, even when there's legitimate reason for worry," says Legato. "Often what they are really saying is that since they can't figure out what's wrong, it must not be real."

If a physician tries to dismiss your complaints as psychosomatic, push for more information. "Ask the doctor: 'What possibilities have you considered? What have you tested me for? Can you tell me how it is that you ruled out every other possible cause?' Listen very carefully, take notes and then ask, 'Are you still convinced the problem is psychological?' The best physicians will say something like, 'On the basis of the laboratory tests or my physical findings, I believe that something is going on here but I don't know what it is. I'd like to suggest that you consult with another doctor.'"

If, despite your efforts, your doctor can't or won't communicate the information you need, find another physician.

SHOULD I TAKE HORMONE REPLACEMENT THERAPY?

As they stop menstruating, women lose many of the health benefits their reproductive hormones provided. They then must weigh the potential benefits of HRT with the possible risks.

One of the most compelling reasons to take replacement hormones is for your heart's sake. Heart disease is the number-one killer of American women, and HRT can cut a woman's risk in half. "If a woman has coronary artery disease, HRT may extend her life span," says Legato. "Even if she doesn't have heart disease, estrogen can help lower her risk of developing cardiovascular problems."

HRT also prevents the dramatic loss of bone density after menopause that can lead to osteoporosis. However, doctors are still debating whether it's better to start HRT immediately after menopause or later in life, and whether the benefits last only as long as a woman takes the hormones. "I recommend that women get bone-density measurements every two years to detect dangerous bone loss," says Legato. If you discover you're at risk, ask your physician about HRT as well as new nonhormonal alternative treatments now available.

HRT also has other proven benefits, including enhanced memory. It relieves physical symptoms that can make sex uncomfortable, as well as urinary tract problems, such as incontinence and recurrent infections.

But HRT does entail risks. The number-one concern is breast cancer. Although there have been contradictory findings, one recent study by Brigham and Women's Hospital, in Boston, of 60,000 postmenopausal women over a sixteen-year period found that those who took replacement hormones for ten years or more were more likely to die of breast cancer. Any woman who has had the disease or is at high risk for it may decide the disadvantages of HRT outweigh the potential benefits.

Each woman and her physician should carefully consider *(continued)*



HAVE YOU *EVER*

TREATED A

VAGINAL YEAST INFECTION

without

MESSING UP YOUR DAY ?

You can with

Oral DIFLUCAN *(fluconazole)*

The only one-dose tablet for yeast infections you can take anytime—day or night.

You simply take one oral tablet once for a complete cure for most vaginal yeast* infections. That's the great idea behind Diflucan, the treatment doctors have prescribed more than 2 million times.† And Diflucan has been shown to be comparable to 7 days of Monistat 7, Gyne-Lotrimin‡, or Mycelex -7.‡ In US clinical studies, the most common side effects that occurred with Diflucan were headache (13%), nausea (7%), and stomach pain (6%). To find out more about the prescription oral treatment... ask your doctor or healthcare professional about Diflucan for vaginal yeast infections.

Diflucan®
(fluconazole 150-mg tablet)
The one-dose *oral* treatment

Pfizer

Please see additional important product information on adjacent page.

to *Candida*.
erica National Prescription Audit
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Mycelex-7 (clotrimazole) is a
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Diflucan®
(fluconazole 150-mg tablet)

for vaginal yeast infections due to *Candida*

Summary of patient information about DIFLUCAN (Dí-flū-can), fluconazole (flū-con-á-zol)

PLEASE READ THIS BEFORE USING DIFLUCAN for the treatment of vaginal yeast infections due to *Candida*

Pfizer wants you to know as much as possible about your medicines. The purpose of this summary is to inform you about DIFLUCAN and its use in the treatment of vaginal yeast infections. However, no summary can take the place of a discussion between you and your doctor or other healthcare professional. Your doctor has been provided with full prescribing information for DIFLUCAN, upon which this summary is based. You may want to read it and discuss any questions you may have.

What is a vaginal yeast infection?

In the vagina, yeast and bacteria live together in a balance that limits the excessive growth of either. When this normal balance is upset for any reason, an infection can occur. Changes within the vagina can be caused by increased moisture, as may happen during prolonged exposure to wet clothing or sweaty exercise outfits.

In addition, some medical conditions and certain medicines can increase the chances of getting a yeast infection. Specifically, the chances of getting an infection are higher in women who are pregnant, diabetic, using birth control pills, or taking antibiotics. Vaginal infections are common, and an estimated 75% of all adult women have at least one vaginal yeast infection in their lifetimes.

Vaginal yeast infections are uncomfortable and may cause itching, burning, and soreness. When infected, the lining of the vagina becomes inflamed (a condition known as vaginitis) and the vaginal area reddens. An increase in vaginal secretions is also common during yeast infections, and some women have a thick, white discharge.

What is *Candida*?

Most yeast infections are caused by a type of fungus called *Candida*. It is normal for the *Candida* yeast to live in the human body.

How does DIFLUCAN work against a yeast infection?

DIFLUCAN is an antifungal agent that works by interfering with the yeast's normal growth process. Because of this action, DIFLUCAN effectively cures most vaginal yeast infections due to *Candida*.

Who should NOT take DIFLUCAN?

DIFLUCAN should not be taken by anyone known to be allergic to fluconazole, the active ingredient, or to any of the inactive ingredients listed at the end of this Summary. Also, you should tell your doctor or other healthcare professional if you are allergic to any other medicines.

How should I take DIFLUCAN and what should I expect?

DIFLUCAN for vaginal yeast infections is a 150-mg tablet that is taken by mouth. Most patients can expect to see the beginning of symptom relief within 24 hours of taking the tablet. As DIFLUCAN works to cure the infection over a period of days, symptoms will gradually lessen and eventually disappear.

DIFLUCAN can be taken anytime—day or night, with or without meals. You should take it as soon as possible, **by mouth**, to ensure the earliest relief. If the symptoms have not started to go away within 3 to 5 days, you should contact your doctor or other healthcare professional.

Possible side effects

In US clinical studies of 448 patients taking a single dose of DIFLUCAN for vaginal yeast infections, the most common side effects reported were headache (13%), nausea (7%), and stomach pain (6%). Other side effects reported were diarrhea (3%), indigestion (1%), dizziness (1%), and changes in the way food tastes (1%). Overall, 26% of patients taking DIFLUCAN reported side effects, compared with 16% of 422 patients using vaginal products. You may want to discuss with your doctor or other healthcare professional whether the convenience of a single oral dose outweighs the increased risk of side effects compared with other treatments that are applied directly in the vagina. You should also tell your doctor or other healthcare professional about any side effects you do experience.

Important warnings and precautions

Follow your doctor's directions about how to take DIFLUCAN, and be aware of the following points.

- If the symptoms of your vaginal yeast infection have not improved within 3 to 5 days, contact your doctor or other healthcare professional.
- DIFLUCAN has not been studied in pregnant women. If you are pregnant, your doctor should prescribe DIFLUCAN only if the benefit to you justifies the possible risk to the fetus.
- Because DIFLUCAN passes into human milk, you should not take DIFLUCAN while nursing.
- Be sure to tell your doctor and other healthcare professionals about *all* the medicines you are taking—prescription, nonprescription, and vitamins. They know about possible interactions between medicines and are best able to prevent them. DIFLUCAN may interact with certain birth control pills, cimetidine (Tagamet), hydrochlorothiazide, antacids, rifampin, warfarin (Coumadin), phenytoin (Dilantin), cyclosporine (Sandimmune), zidovudine (Retrovir or AZT), theophylline, terfenadine (Seldane), and oral antidiabetic medicines. If you are not sure whether you are taking any of these medicines, check with your doctor, pharmacist, or other healthcare professional.
- DIFLUCAN has been connected to rare cases of serious liver damage, including deaths, primarily in patients with serious underlying medical conditions.
- Rare cases of anaphylaxis (a severe allergic reaction) have been reported, as well as rare cases of a severe skin disorder.

Cancer and impairment of fertility

Like most prescription drugs, DIFLUCAN was required to be tested on animals before it was allowed for human use. Often these tests are designed to achieve higher drug levels than humans achieve at recommended dosing. In these tests, benign liver tumors were observed in some of the male animals and a complicated labor/delivery was observed in some female animals. Your healthcare professional can tell you more about how drugs are tested on animals and what the results of these tests mean about safety for you.

Pediatric use

One-dose DIFLUCAN treatment for vaginal yeast infections due to *Candida* has not been studied in children. When multiple-dose DIFLUCAN was used for the treatment of other infections in children up to the age of 17 years, the most commonly reported side effects were vomiting (5%), stomach pain (3%), nausea (2%), and diarrhea (2%).

Active ingredient: Each tablet contains 150 mg fluconazole.

Inactive ingredients: Microcrystalline cellulose, dibasic calcium phosphate anhydrous, povidone, croscarmellose sodium, FD&C Red No. 40 aluminum lake dye, and magnesium stearate.

Caution: Federal law prohibits dispensing without a prescription. You must see a doctor to receive a prescription.

If you have any questions or want more information about DIFLUCAN for the treatment of vaginal yeast infections, talk to your doctor or other healthcare professional.

Pfizer U.S. Pharmaceuticals Group

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WHY AM I SO TIRED?

Continued

her medical history before decidi on HRT. "The risk of not taking trogen can be enormous for so women," says Legato. "A wom with heart disease, even if she's a had breast cancer, may need H because she's more likely to die heart disease than breast cancer."

WHAT'S HAPPENING TO MY HAIR?

Bad hair days usually drive women a stylist, not a doctor—unless th hair starts falling out. "Excessive h shedding or thinning is a concer hear often from women," says d matologist Mary Gail Mercur M.D., a clinical assistant professor the University of Rochester School Medicine, in Rochester, New Yo "It's usually due to a variety of phy cal stresses: pregnancy, menopau thyroid disorders, iron deficien surgery or severe illness." Certa prescribed medications, includi drugs used to treat high cholester high blood pressure and depressi and some birth control pills also trigger hair loss. "The physici needs to take a thorough history the patient to figure out what's goi on," says Mercurio.

Although there is no real tre ment—except in cases of iron d ciency or hormonal imbalance—" important for women to know t this problem usually goes away on own," she adds. Even if women c tinue to take a medication that ca es hair loss, the body typically adju and excess shedding ends.

But some patients have a condit called female-pattern hair lo "There's a strong genetic compon to this problem," notes Mercur "and your risk depends not just whether your father was bald, b also your mother's side of the fa ly." Minoxidil is the only FD approved drug currently availab although new medications are expe ed on the market soon. ●

Dianne Hales is a contributing editor Ladies' Home Journal.

ABIES FOR SALE

ntinued from page 107

eir own stories from being told—ssibly in hopes of getting herself a V-movie or book deal. "We're all d enough to think for ourselves," ys Paul Payne, forty-five, a Hicks optee from Hixon, Tennessee, who s withdrawn from the group.

Jane says that she has, in fact, been ntacted by TV producers, but sn't yet decided whether to do a ovie. And she staunchly defends her les for the registry, which she insists re put in place to guard confidenlity. "The only way this works is if eryone trusts the registry," she says. ome adoptees want only a medical story, and birth mothers may not nt to supply more than that."

Another sore point with some optees is Jane's characterization of cks as selling babies. Payne consids the money as payment for the ysician's services. "My dad thought it as a fee," he says. "He never ought of it as buying me."

Jane disagrees: "The truth is the truth. That's what happened."

Despite some differences in the group, last August, Jane and fifteen of the other adoptees held a get-together in McCaysville. Many townsfolk noticed the large number of redheads with freckles in the group. They recalled Hicks's red hair, leading some to speculate some adoptees may be Hicks's own children. Jane herself doubts that possibility, saying it is more likely to reflect the Irish heritage of many who settled in the area.

During their visit, the adoptees toured the abandoned building that housed Hicks's clinic. "I stood in the room where Dr. Hicks delivered the babies, and I was in awe," Jane says, grinning. "My birth mother was in that room. Did she hold me? Did she want to give me up?"

Ironically, though Jane may help others find answers, there's a chance she may never find her own. A source saying she knows Jane's birth mother has now come forward. Judge Davis is investigating the claim and the woman's son is undergoing DNA testing, but if it's true, the woman who gave birth to Jane is dead.

"When I was young, I wanted my birth mother to be gorgeous," says Jane. "Over the years, I figured out there were more important things—like a good heart." Facing the possibility of knowing who she was but never having the opportunity to meet her birth mother is a circumstance Jane describes as "bittersweet."

For comfort, she often draws on the words of her adoptive mother's best friend, who called her earlier this year. "She said if my mother was still alive she'd be happy for me," Jane says, smiling. "She said looking for my past is something Mom always knew I would do." ●

Kathryn Casey is a contributing editor of Ladies' Home Journal.

FOR MORE INFORMATION

Anyone who believes he or she may be a Hicks baby, or a birth or adoptive parent, can contact the Hicks Clinic Birth Registry at P.O. Box 134, Green, OH 44232.



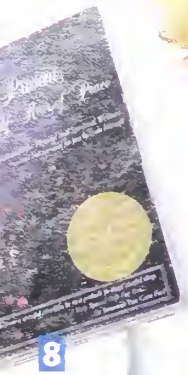




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—Anna Roufos











HEALING HEARTBURN?

When heartburn hits after a rich meal, you might reach for some milk. But while this common remedy can provide temporary relief, it can also set you up for a second spell of heartburn later, says Fred Sutton, Jr., M.D., a gastroenterologist at Baylor College of Medicine, in Houston. Heartburn results when food and acid in the stomach back up into the esophagus. Milk washes acid back down, making you feel better briefly. But milk has an accompanying dose of protein that can cause the stomach to produce more acid, and within an hour or two heartburn can return. Instead, take over-the-counter antacid tablets or eat a banana. —A.R.

'Tis The Season For Allergies

The Grinch isn't the only one who is allergic to Christmas. Lots of us are, and two of the best-loved parts of the season are responsible. The first is all that good food: There's no ingredient list posted above that holiday buffet, after all—a problem if you have a food allergy. Even seasonal treats that seem safe may not be (if, after cutting up shrimp, your host wipes off the knife and uses it again, for example, enough shellfish residue may be left on the blade to trigger an allergic reaction). If you have a mild allergic reaction, an antihistamine can help, says Hugh Sampson, M.D., director of the Jaffe Research Institute at Mount Sinai Medical Center, in New York City, where food allergies are studied. But, if you've ever had a severe reaction, be sure to avoid the trigger—quiz your host about ingredients.



The second culprit: your Christmas tree. The essential oils that create its great pine scent can irritate allergy or asthma sufferers, says William Solomon, M.D., an allergy professor at the University of Michigan Medical School, in Ann Arbor. If your real tree has your nose running, switch to artificial. Artificial trees, however, are often sources of mold and dust. To cut down on these, store artificial trees in airtight plastic. —A.R.

All-day, all-night relief for seasonal nasal allergies



Once-a-day

Claritin-D® 24 Hour

(10 mg loratadine/240 mg pseudoephedrine sulfate, USP)
Extended Release Tablets

The first and only prescription medicine that provides 24 hours of complete symptom coverage in one tablet.

kes care of all your symptoms:

r stuffy, congested nose...those itchy, watery eyes...that ny nose...your itchy ears/palate...and all that sneezing.

orks right day and night.

; you be alert during the day and sleep at night (incidence rowsiness, 6%, vs sugar pill, 4%; incidence of sleeplessness, 5%, vs sugar pill, 1%). Dry mouth was the most commonly reported side effect with CLARITIN-D® 24 HOUR (8% sugar pill, 2%).

elief without that "medicated" feeling.

RITIN-D® 24 HOUR provides 24-hour symptom control that n't make you drowsy, so you can focus on your normal daily vities rather than on your symptoms and medication. It's day relief like no other.

RITIN-D® 24 HOUR contains pseudoephedrine sulfate, which also is in y over-the-counter (OTC) and prescription medications. Too much pseudoephedrine sulfate can cause nervousness, sleeplessness, dizziness, and r related side effects. Therefore, concurrent use of CLARITIN-D® 24 HOUR OTC antihistamines and decongestants should be avoided.

There are some people who should not take CLARITIN-D® 24 HOUR. Other people need to be especially careful using it. Therefore, be sure to tell your healthcare provider if you have high blood pressure, heart disease, diabetes, glaucoma, thyroid or liver problems, or difficulty urinating, or if you are taking MAO inhibitors (prescription medicines that treat depression), or if you become pregnant or are nursing a baby. You should not use this product if you have a history of difficulty in swallowing tablets or any medical problems associated with swallowing abnormalities. Also, CLARITIN-D® 24 HOUR must not be chewed or broken.

For a $5.00 coupon and important free information about relief of nasal congestion and other seasonal nasal allergy symptoms,

Call 1-800-CLARITIN ext. 521
(1-800-252-7484)

Ask your doctor about a trial of
Once-a-day

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(10 mg loratadine/240 mg pseudoephedrine sulfate, USP)
Extended Release Tablets

All-day, all-night relief

Please see following page for additional important information. Visit our Web Site at: http://www.claritin.com

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CLARITIN-D® 24 HOUR

brand of loratadine and pseudoephedrine sulfate, USP

Extended Release Tablets

BRIEF SUMMARY (For full Prescribing Information, see package insert.)

INDICATIONS AND USAGE: CLARITIN-D 24 HOUR Extended Release Tablets are indicated for the relief of symptoms of seasonal allergic rhinitis. CLARITIN-D 24 HOUR Extended Release Tablets should be administered when both the antihistaminic properties of CLARITIN® (loratadine) and the nasal decongestant activity of pseudoephedrine sulfate are desired (see **CLINICAL PHARMACOLOGY** section).

CONTRAINDICATIONS: CLARITIN-D 24 HOUR Extended Release Tablets are contraindicated in patients who are hypersensitive to this medication or to any of its ingredients.

This product, due to its pseudoephedrine component, is contraindicated in patients with narrow-angle glaucoma or urinary retention, and in patients receiving monoamine oxidase (MAO) inhibitor therapy or within fourteen (14) days of stopping such treatment. (See **PRECAUTIONS; Drug Interactions** section.) It is also contraindicated in patients with severe hypertension, severe coronary artery disease, and in those who have shown hypersensitivity or idiosyncrasy to its components, to adrenergic agents, or to other drugs of similar chemical structures. Manifestations of patient idiosyncrasy to adrenergic agents include: insomnia, dizziness, weakness, tremor, or arrhythmias.

WARNINGS: CLARITIN-D 24 HOUR Extended Release Tablets should be used with caution in patients with hypertension, diabetes mellitus, ischemic heart disease, increased intraocular pressure, hyperthyroidism, renal impairment, or prostatic hypertrophy. Central nervous system stimulation with convulsions or cardiovascular collapse with accompanying hypotension may be produced by sympathomimetic amines.

Use in Patients Approximately 60 Years and Older: The safety and efficacy of CLARITIN-D 24 HOUR Extended Release Tablets in patients greater than 60 years old have not been investigated in placebo-controlled clinical trials. The elderly are more likely to have adverse reactions to sympathomimetic amines.

PRECAUTIONS: General: Because the doses of this fixed combination product cannot be individually titrated and hepatic insufficiency results in a reduced clearance of loratadine to a much greater extent than pseudoephedrine, CLARITIN-D 24 HOUR Extended Release Tablets should generally be avoided in patients with hepatic insufficiency. Patients with renal insufficiency (GFR <30 mL/min) should be given a lower initial dose (one tablet every other day) because they have reduced clearance of loratadine and pseudoephedrine.

Information for Patients: Patients taking CLARITIN-D 24 HOUR Extended Release Tablets should receive the following information: CLARITIN-D 24 HOUR Extended Release Tablets are prescribed for the relief of symptoms of seasonal allergic rhinitis. Patients should be instructed to take CLARITIN-D 24 HOUR Extended Release Tablets only as prescribed and not to exceed the prescribed dose. Patients should also be advised against the concurrent use of CLARITIN-D 24 HOUR Extended Release Tablets with over-the-counter antihistamines and decongestants. Patients who have a history of difficulty in swallowing tablets or who have known upper gastrointestinal narrowing or abnormal esophageal penstalsis should not use this product.

This product should not be used by patients who are hypersensitive to it or to any of its ingredients. Due to its pseudoephedrine component, this product should not be used by patients with narrow-angle glaucoma, urinary retention, or by patients receiving a monoamine oxidase (MAO) inhibitor or within 14 days of stopping use of an MAO inhibitor. It also should not be used by patients with severe hypertension or severe coronary artery disease.

Patients who are or may become pregnant should be told that this product should be used in pregnancy or during lactation only if the potential benefit justifies the potential risk to the fetus or nursing infant.

Patients should be instructed not to break or chew the tablet and to take it with a glass of water.

Drug Interactions: No specific interaction studies have been conducted with CLARITIN-D 24 HOUR Extended Release Tablets. However, loratadine (10 mg once daily) has been safely coadministered with therapeutic doses of erythromycin, cimetidine, and ketoconazole in controlled clinical pharmacology studies. Although increased plasma concentrations (AUC 0-24 hrs) of loratadine and/or descarboethoxyloratadine were observed following coadministration of loratadine with each of these drugs in normal volunteers (n = 24 in each study), there were no clinically relevant changes in the safety profile of loratadine, as assessed by electrocardiographic parameters, clinical laboratory tests, vital signs, and adverse events. There were no significant effects on QT_c intervals, and no reports of sedation or syncope. No effects on plasma concentrations of cimetidine or ketoconazole were observed. Plasma concentrations (AUC 0-24 hrs) of erythromycin decreased 15% with coadministration of loratadine relative to that observed with erythromycin alone. The clinical relevance of this difference is unknown. These above findings are summarized in the following table:

Effects on Plasma Concentrations (AUC 0-24 hrs) of Loratadine and Descarboethoxyloratadine After 10 Days of Coadministration (Loratadine 10 mg) in Normal Volunteers

	Loratadine	Descarboethoxyloratadine
Erythromycin (500 mg Q8h)	+ 40%	+46%
Cimetidine (300 mg QID)	+103%	+ 6%
Ketoconazole (200 mg Q12h)	+307%	+73%

There does not appear to be an increase in adverse events in subjects who received oral contraceptives and loratadine.

CLARITIN-D 24 HOUR Extended Release Tablets (pseudoephedrine component) are contraindicated in patients taking monoamine oxidase inhibitors and for 2 weeks after stopping use of an MAO inhibitor. The antihypertensive effects of beta-adrenergic blocking agents, methyldopa, mecamylamine, reserpine, and veratrum alkaloids may be reduced by sympathomimetics. Increased ectopic pacemaker activity can occur when pseudoephedrine is used concomitantly with digitalis.

Drug/Laboratory Test Interactions: The *in vitro* addition of pseudoephedrine to sera containing the cardiac isoenzyme MB of serum creatinine phosphokinase progressively inhibits the activity of the enzyme. The inhibition becomes complete over 6 hours.

Carcinogenesis, Mutagenesis, Impairment of Fertility: There are no animal or laboratory studies on the combination product loratadine and pseudoephedrine sulfate to evaluate carcinogenesis, mutagenesis, or impairment of fertility.

In an 18-month carcinogenicity study in mice and a 2-year study in rats loratadine was administered in the diet at doses up to 40 mg/kg (mice) and 25 mg/kg (rats). In the carcinogenicity studies pharmacokinetic assessments were carried out to determine animal exposure to the drug. AUC data demonstrated that the exposure of mice given 40 mg/kg of loratadine was 3.6 (loratadine) and 18 (active metabolite) times higher than in humans given the maximum recommended daily oral dose. Exposure of rats given 25 mg/kg of loratadine was 28 (loratadine) and 67 (active metabolite) times higher than in humans given the maximum recommended daily oral dose. Male mice given 40 mg/kg had a significantly higher incidence of hepatocellular tumors (combined adenomas and carcinomas) than concurrent controls. In rats, a significantly higher incidence of hepatocellular tumors (combined adenomas and carcinomas) was observed in males given 10 mg/kg and in males and females given 25 mg/kg. The clinical significance of these findings during long-term use of loratadine is not known.

Two-year feeding studies in mice and rats conducted under the auspices of the National Toxicology Programs (NTP) uncovered no evidence of carcinogenic potential of ephedrine sulfate at doses up to 10 and 27 mg/kg, respectively (approximately 16% and 100% of the maximum recommended human daily oral dose of pseudoephedrine sulfate on a mg/m^2 basis).

In mutagenicity studies with loratadine alone, there was no evidence of mutagenic potential in reverse (Ames) or forward point mutation (CHO-HGPRT) assays, or in the assay for DNA damage (Rat Primary Hepatocyte Unscheduled DNA Assay) or in two assays for chromosomal aberrations (Human Peripheral Blood Lymphocyte Clastogenesis Assay and the Mouse Bone Marrow Erythrocyte Micronucleus Assay). In the Mouse Lymphoma Assay, a positive finding occurred in the nonactivated but not the activated phase of the study.

Decreased fertility in male rats, shown by lower female conception rates, occurred at 64 mg/kg of loratadine (approximately 50 times the maximum recommended human daily oral dose based on mg/m^2) and was reversible with cessation of dosing. Loratadine had no effect on male or female fertility or reproduction in the rat at 24 mg/kg (approximately 20 times the maximum recommended human daily oral dose on a mg/m^2 basis).

Pregnancy Category B: The combination product loratadine and pseudoephedrine sulfate was evaluated for teratogenicity in rats and rabbits. There was no evidence of teratogenicity in reproduction studies with this combination at the same clinical ratio (1:24) at oral doses up to 150 mg/kg (approximately 5 times the maximum recommended human daily oral dose on a mg/m^2 basis) in rats, and 120 mg/kg (8 times the maximum recommended human daily oral dose on a mg/m^2 basis) in rabbits. Similarly, no evidence of animal teratogenicity in rats and rabbits was reported at oral doses up to 96 mg/kg of loratadine alone (approximately 7.5 and 15.0 times, respectively, the maximum human daily oral dose on a mg/m^2 basis). There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, CLARITIN-D 24 HOUR Extended Release Tablets should be used during pregnancy only if clearly needed.

Nursing Mothers: It is not known if this combination product is excreted in human milk. However, loratadine when administered alone and its metabolite descarboethoxyloratadine pass easily into breast milk and achieve concentrations that are equivalent to plasma levels, with an AUC_{milk}/AUC_{plasma} ratio of 1.17 and 0.85 for the parent and active metabolite, respectively. Following a single oral dose of 40 mg, a small amount of loratadine and metabolite was excreted into the breast milk (approximately 0.03% of 40 mg over 48 hours). Pseudoephedrine administered alone also distributes into breast milk of the lactating human female. Pseudoephedrine concentrations in milk are consistently higher than those in plasma. The total amount of drug in milk as judged by the area under the curve (AUC) is 2 to 3 times greater than in plasma. The fraction of a pseudoephedrine dose excreted in milk is estimated to be 0.4% to 0.7%. A decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother. Caution should be exercised when CLARITIN-D 24 HOUR Extended Release Tablets are administered to a nursing woman.

Pediatric Use: Safety and effectiveness in children below the age of 12 years have not been established.

ADVERSE REACTIONS: Information on adverse reactions is provided from placebo-controlled studies involving over 2000 patients, 605 of whom received CLARITIN-D 24 HOUR Extended Release Tablets once daily for up to 2 weeks. In these studies, the incidence of adverse events reported with CLARITIN-D 24 HOUR Extended Release Tablets was similar to those reported with twice-daily (q12h) 120 mg sustained-release pseudoephedrine alone.

REPORTED ADVERSE EVENTS WITH AN INCIDENCE OF ≥2% IN CLARITIN-D 24 HOUR EXTENDED RELEASE TABLETS TREATMENT GROUP IN DOUBLE-BLIND, RANDOMIZED, PLACEBO-CONTROLLED CLINICAL TRIALS
PERCENT OF PATIENTS REPORTING

	CLARITIN-D® 24 HOUR (n = 605)	Loratadine 10 mg (n = 449)	Pseudoephedrine 120 mg q12h (n = 220)	Placebo (n = 605)
Dry Mouth	8	2	7	2
Somnolence	6	4	5	4
Insomnia	5	1	9	1
Pharyngitis	5	5	5	5
Dizziness	4	2	3	2
Coughing	3	2	3	1
Fatigue	3	4	1	2
Nausea	3	2	4	2
Nervousness	3	1	4	1
Anorexia	2	<1	2	0
Dysmenorrhea	2	2	2	1

Adverse events occurring in greater than or equal to 2% of CLARITIN-D 24 HOUR Extended Release Tablets-treated patients, but that were more common in the placebo-treated group, include headache.

Adverse events did not appear to significantly differ based on age, sex, or race, although the number of non-whites was relatively small.

In addition to those adverse events reported above, the following adverse events have been reported in fewer than 2% of patients who received CLARITIN-D 24 HOUR Extended Release Tablets:

Autonomic Nervous System: Altered lacrimation, flushing, increased sweating, mydriasis, thirst.

Body As A Whole: Abnormal vision, asthenia, back pain, chest pain, conjunctivitis, earache, eye pain, facial edema, fever, flu-like symptoms, leg cramps, lymphadenopathy, malaise, rigors, tinnitus.

Cardiovascular System: Hypertension, palpitation, tachycardia.

Central and Peripheral Nervous System: Convulsions, dysphonia, hyperkinesis, hypertonia, migraine, paresthesia, tremor.

Gastrointestinal System: Abdominal distension, altered taste, constipation, diarrhea, dyspepsia, flatulence, gastritis, stomatitis, tongue ulceration, toothache, vomiting.

Liver and Biliary System: Cholelithiasis.

Musculoskeletal System: Arthralgia, musculoskeletal pain, myalgia, tendinitis.

Psychiatric: Agitation, depression, emotional lability, irritability.

Reproductive System: Vaginitis.

Resistance Mechanism: Abscess, viral infection.

Respiratory System: Bronchospasm, dyspnea, epistaxis, hemoptysis, nasal congestion, nasal irritation, pleurisy, pneumonia, sinusitis, sputum increased, wheezing.

Skin and Appendages: Acne, pruritus.

Urinary System: Oliguria, micturition frequency, urinary retention, urinary tract infection.

Additional adverse events reported with the combination of loratadine and pseudoephedrine include abnormal hepatic function, aggressive reaction, anxiety, apathy, confusion, euphoria, paronina, postural hypotension, syncope, urticana, vertigo, weight gain.

The following additional adverse events have been reported with CLARITIN Tablets: abdominal distress, alopecia, altered micturition, altered salivation, amnesia, anaphylaxis, angioneurotic edema, blepharospasm, breast enlargement, breast pain, bronchitis, decreased libido, dermatitis, dry hair, dry skin, erythema multiforme, hypoesthesia, impaired concentration, impotence, increased appetite, laryngitis, menorrhagia, nasal dryness, peripheral edema, photosensitivity reaction, purpura, rash, seizures, sneezing, supraventricular tachyarrhythmias, upper respiratory infection, urinary discoloration.

Pseudoephedrine may cause mild CNS stimulation in hypersensitive patients. Nervousness, excitability, restlessness, dizziness, weakness, or insomnia may occur. Headache, drowsiness, tachycardia, palpitation, pressor activity, and cardiac arrhythmias have been reported. Sympathomimetic drugs have also been associated with other untoward effects, such as fear, anxiety, tenseness, tremor, hallucinations, seizures, pallor, respiratory difficulty, dysuria, and cardiovascular collapse.

There have been rare postmarketing reports of mechanical upper gastrointestinal tract obstruction in patients taking CLARITIN-D 24 HOUR Extended Release Tablets. In most of these cases, patients have had a history of difficulty in swallowing tablets or have had known upper gastrointestinal narrowing or abnormal esophageal penstalsis.

OVERDOSAGE: In the event of overdosage, general symptomatic and supportive measures should be instituted promptly and maintained for as long as necessary. Treatment of overdosage would reasonably consist of emesis (ipecac syrup), except in patients with impaired consciousness, followed by the administration of activated charcoal to absorb any remaining drug. If vomiting is unsuccessful, or contraindicated, gastric lavage should be performed with normal saline. Saline cathartics may also be of value for rapid dilution of bowel contents. Loratadine is not eliminated by hemodialysis. It is not known if loratadine is eliminated by peritoneal dialysis.

Somnolence, tachycardia, and headache have been reported with doses of 40 to 180 mg of loratadine. In large doses, sympathomimetics may give rise to giddiness, headache, nausea, vomiting, sweating, thirst, tachycardia, precordial pain, palpitations, difficulty in micturition, muscular weakness and tenseness, anxiety, restlessness, and insomnia. Many patients can present a toxic psychosis with delusions and hallucinations. Some may develop cardiac arrhythmias, circulatory collapse, convulsions, coma, and respiratory failure.

The oral median lethal dose for the mixture of the two drugs was greater than 525 and 1839 mg/kg in mice and rats, respectively (approximately 10 and 58 times the maximum recommended human daily oral dose on a mg/m^2 basis). The oral median lethal dose for loratadine was greater than 5000 mg/kg in rats and mice (greater than 2000 times the maximum recommended human daily oral dose on a mg/m^2 basis). Single oral doses of loratadine showed no effects in rats, mice, and monkeys at doses as high as 10 times the maximum recommended human daily oral dose on a mg/m^2 basis.

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A Ladies' Home Journal Tribute To The Princess Of Wales

LADIES' HOME JOURNAL

Diana

A personal picture album

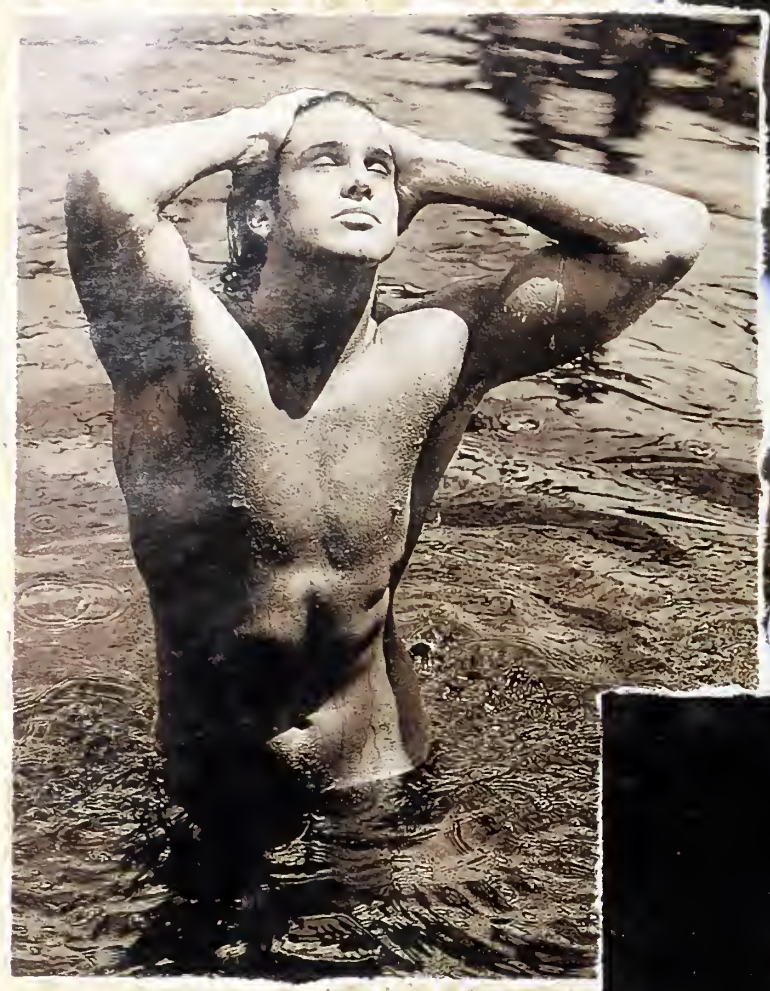


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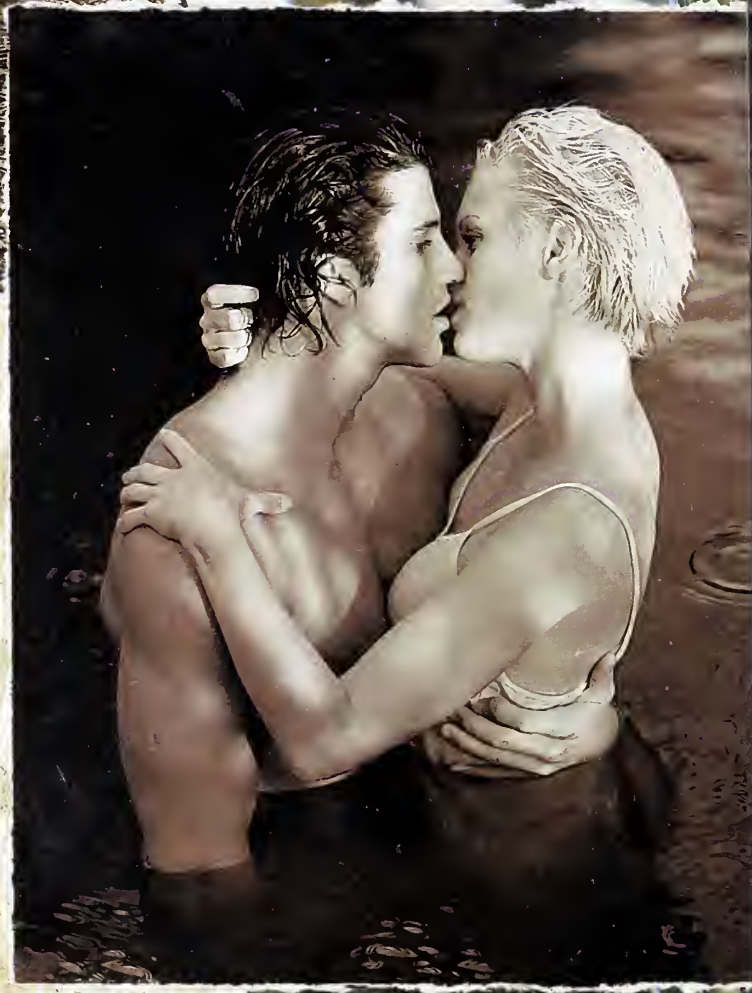
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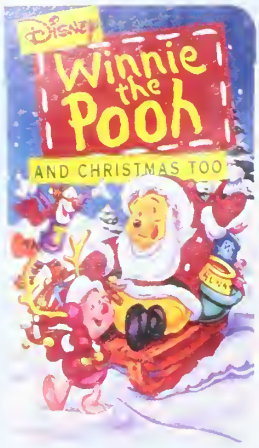
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ROMA DOWNEY

HOME FOR THE HOLIDAYS

The star of "Touched by an Angel" shares the miracle that healed her heart By Jim Jerome

ROMA DOWNEY NOW knows what it feels like to be clutched by an angel. The divine intervention comes in the form of Downey's eighteen-month-old daughter, Reilly Marie, who is just up from her nap. Downey, thirty-four, is in the study of her English-style country home in Salt Lake City.

The toddler sucks her thumb and slides her free hand inside Mommy's white T-shirt. Downey laughs unself-consciously. "That's got to be a first," she says. "Actually, Reilly's quite serious. She was frowning at just a few hours old—as if she had all the worries in the world."

Her only worry now is food, and Downey, who stars as Monica in the hit TV series *Touched by an Angel*, has found her own peace by becoming instantly attuned to the rhythms of Reilly. The wee angel has brought Downey roots, and after years of heartbreaking losses and the restless exile of her "wandering soul," a sense of belonging. The last of six children, Downey lost her mother, Maureen, when she was nine. Since the 1985 death of her father, Patrick, going back to Ireland for the holidays has been too painful. But now, at a time of year when *(continued)*



"Christmas is a
me for giving
nd for feeling
hankful for
verything that
have"



From top: With co-star Della Reese; hugging husband, David Anspaugh; and with her *Borrowed Hearts* co-star Hector Elizondo





(continued) spirits—and spirituality—run high, Downey's holiday blues have been chased by a powerful attachment to her new American home.

The realization hit while visiting Northern Ireland for the first time with Reilly this year. "In the past, good-bye has caused me great distress. But with my baby in my arms, husband by my side, and my first home in the States to go back to, I felt liberated."

As a kid, Christmas meant home, church and family back in Derry. This year, Downey will attend her husband David Anspaugh's Methodist church (they alternate with her Roman Catholic church) and spend Christmas at home. She will play for Reilly "the same old battered cassette" of Dylan Thomas' *A Child's Christmas in Wales* that her father played for her as a child, then head for a week's rest in Hawaii with Anspaugh and daughter. Like her angel alter ego, Downey believes in one God and that "a building is just a building, though they're killing each other in my homeland over this very subject. I don't feel it matters what banner you wave to honor the one God."

"I feel complete for the first time since I lost my mother," says Downey. "I never knew I could love so much"

Christmas, to Downey, means a time for counting her blessings, which abound. The series, initially savaged by the critics, rated ninth last season. Its impact has hardly been lost on Downey, a serenely reflective, expressive woman, whose brown eyes sparkle with wry humor. Her Emmy-nominated work is almost too believable; when she visited a Salt Lake City pediatric hospital ward after last year's Christmas toy drive, she worried her appearance might have backfired.

"Parents saw me as some kind of angel, asking me why God would do this to their very sick child," she says. "I told them I have no idea, that a God of love doesn't make a conscious choice to make a child sick. I told them to keep the faith."

Mail by the ton—from battered women and substance abusers—suggests they do. Much of it is addressed to Downey, "as if I had all the answers and could somehow help," she says. "It's overwhelming."

When mulling over TV movie scripts, Downey felt a "responsibility" to live up to the angelic standards set by Monica and her mentor, Tess, played by Della Reese. "People asked if I was dying to play some psychotic ax murderer. Not particularly. I've grown quite fond of Monica. She has enlarged my capacity for compassion." (In *Borrowed Hearts*, airing

November 30, following *Angel*, Downey plays a single working mother.)

If and when her halo does feel heavy, her childhood in Derry has prepared her for it. Life in the Downey row house wasn't "impoverished," she recalls, "but we didn't have a lot of luxuries." What they had in the seventies was a war zone ravaged by "the Troubles" between Irish Republican and British Army forces.

"Derry was almost flattened," says Downey. "I have an extremely vivid memory of the library being bombed. I still recall the horror of seeing all the pages of those irreplaceable books floating away in the wind. What you take for granted here—like bowling, ice-skating—[was] gone, robbed."

There were far graver losses to endure. When Roma was nine, her mother died of a heart attack while she and Roma walked to the library. Stress from the war zone and worry over Paddy Downey's heart troubles, Roma says, may have contributed to her mother's death in her late forties.

Roma survived an "awesome baptism by fire" as the preadolescent woman of the house. "My childhood ended rather quickly," she says. She would prepare meals while schoolmates played and would iron twenty men's shirts a week. "And I've still got a huge hang-up about ironing," she jokes. "I love my husband, but, you know, it's 'Here's the board and iron, honey.'"

The deeper scars from her shattered world were gnawing insecurity ("You can't be sure when you wake up that everyone you love is going to be there") and the "canonizing" of her mom in memory. "It took quite a while to feel okay about being human, and not beat myself up."

She found her own stern guardian angel—"Daddy's voice, God's voice"—to instill an unwavering good-girl conscience. "That can be a terrible killjoy. But I did have that strong sense of knowing right from wrong."

Downey received her father's blessing to attend Brighton Art College. "He put on a good show that he'd be grand if I was away." But at the end of holiday or weekend visits home, Downey agonized that "each good-bye could be the last."

Downey's dreams switched from painting to plays, and she enrolled at London Drama Studio to study acting. In May 1985, Downey was due home from her West London boardinghouse to celebrate half-brother John's ordination as a priest. The day before, her father had said, "'I've got your favorite yellow flannel sheets on the indoor clothesline.' Which was such a sweet gesture. With Ireland so damp, they'd be soaked on an outdoor line."

Then, an ominous six A.M. phone call. "It was my brother Pat, telling me, 'Daddy is dead.' I remember literally sliding down the wall in complete shock." The sadness hit her hard at the wake. "I went into the kitchen for tea, glanced upward, and the yellow flannel sheets were still hanging on the line. That was the first time I cried."

Downey's graduation as Most Promising Student was bittersweet. "I remember how badly I wanted my old man there to say, 'Aren't you the great girl!'" She was prone to depressions, but she worked through the grief, and later eloped in Rome with an American drama student. The couple moved to New York in 1986. "I could barely go to London and leave Daddy," Downey explains. "I certainly never would have been able to emigrate across the Atlantic if I had him there [still in Ireland]."

But when she and her husband split after a couple of years, Downey, once again, was adrift. "We had grown apart irreconcilably and made a clean break. I was sleeping on a girlfriend's couch, terribly lonely and isolated," she recalls.

"Destiny stepped in" when actor Rex Harrison caught her in an off-Broadway play and cast her in *The Circle*. She then beat out four hundred actresses to play Jackie Kennedy in NBC's *A Woman Named Jackie* miniseries. She was living in Venice Beach, California, when she went on a blind date with divorced film director David *(continued on page 183)*

How I Became An Angel

By Della Reese



All has not been paradise recently on the set of "Touched by an Angel." Here, from her new autobiography, Della Reese tells how she first got the heavenly call.

It's a *lo-o-o-ong* story, and it's a God thing. Back in the early eighties, recuperating after my brain exploded [Reese collapsed with a burst aneurysm on *The Tonight Show* in 1980], I envisioned new avenues for my work. I had already proved myself as an actress. What I wanted now was simpler and more in sync with what motivated me as a teacher and minister: to play leading roles in stories that mattered.

I had sworn I'd never do a television series again, but sometime in early '94, I got a call from my agent, saying I'd been offered a part in a pilot for a TV series. He went on to describe the role, which boiled down to a black Molly Goldberg, the wise and funny Jewish advice-giver I used to love to listen to on the radio. It was the role I'd dreamed of, lying in my bed after brain surgery thirteen years earlier.

"Oh," he added, "she's an angel."

I didn't ***(continued on page 183)***

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Daisy Fuentes' Holiday Style

She's got a real flair for glamour, plus energy to burn. We spend a whirlwind day with the busy Cuban-born model and TV host as she merrily criss-crosses Los Angeles, getting ready for Christmas

Daisy Fuentes loves everything about Christmas—the food, the spirit, the scents, sights and sounds. Still, for her, one aspect of the holiday clearly stands out. "It's the only time of year when you really have a reason to dress up," she says. "And I *love* dressing up."

Of course, it's not as if Daisy, thirty, needs an excuse to wear something more elaborate than blue jeans and sweaters. As a spokesperson for Revlon, as well as the host of MTV's *House of Style* and *America's Funniest Home Videos*, looking glamorous is part of her job description. Even when she's not working—and this particular day has been reserved exclusively for doing Christmas shopping and taking care of other holiday business—Daisy, wearing a miniskirt and boots, cuts a spiffy figure as she browses Los Angeles shops and splashes down the streets.

On the agenda: a visit to the privé salon on Melrose, where celeb hairdresser Laurent D. is to give her a sleek and elegant updo. "Wearing my hair this way is an easy, timesaving solution for the holidays," Daisy says, and sure enough, Laurent *(continued)*

At Tracey Ross on Sunset Boulevard, a trendy boutique, Daisy admires a wisp of a slip skirt before checking out the camisoles. Red satin embroidered top by Vivienne Tam; black leather skirt, Barneys New York Private Label. Both available at Barneys New York



Daisy does her own nails before heading out to a holiday party



Shop till you drop? Not when there's a nice place for a break



Getting swept away by star stylist Laurent D.

(continued) executes a perfect twist, with requisite delicate strands, in a matter of seconds.

Later: the Beverly Hills vintage-clothing store Lily et Cie to look for a holiday outfit and gifts. "I like classic clothes," Daisy says, slipping into a beautifully appliquéd sweater, "especially at Christmas. Why would you want to wear something trendy? I try to look at fashion objectively and find what works for me rather than trying to fit myself to clothes."

On camera, Daisy wears heavy makeup because, she says, "my skin eats it up under the lights." But day to day, she prefers a softer, more natural look. "Pale shades of shadow like lavender and taupe seem fresher to me than dark, smoky eyecolor, and I like shimmery neutral lipstick more than anything bright or dark." For the holidays, though, she'll spend a touch more time than usual getting her look just right, maybe trying a new lipstick or making her eyes a bit more dramatic. "It's Christmas," she says with a laugh. "That's the point!"



At Lily et Cie, the vintage-clothing shop, Daisy finds a fabulous Christmas cardigan with exquisite appliquéd holly leaves. Opposite page, red boots from Madison Shoes, Beverly Hills. Red sequined mini from Kenar Studio

For Daisy, classic clothes feel most festive

You look just

A movie star! A heartthrob! A sex symbol! When the resemblance is as uncanny as these, even Hollywood agents might do a double take. Here, the winners of our Celebrity Look-Alike Contest share their tales of mistaken identity. By Lois Joy Johnson



ANTONIO BANDERAS, **a.k.a. Scott Maxwell, 29, a single actor from Pottsville, Pennsylvania**

"I was in a restaurant in L.A. when a woman I had been making eye contact with walked up to my table. She thought I was Antonio, and I wasn't about to set her straight. Unfortunately, as soon as I opened my mouth, my voice gave me away."

SHARON STONE, **a.k.a. Sarah Zander, 38, a married executive recruiter and mother of one from Lake Tahoe, Nevada**

"My husband and I often stay at a certain hotel in San Francisco. Recently, when the real

like...



Sharon Stone checked in, the staff kept asking her where Zach, my son, was. Imagine, *Sharon Stone* being mistaken for me!"

SANDRA BULLOCK, **a.k.a. Sarah Agoncillo, 29, a married office manager from San Francisco**

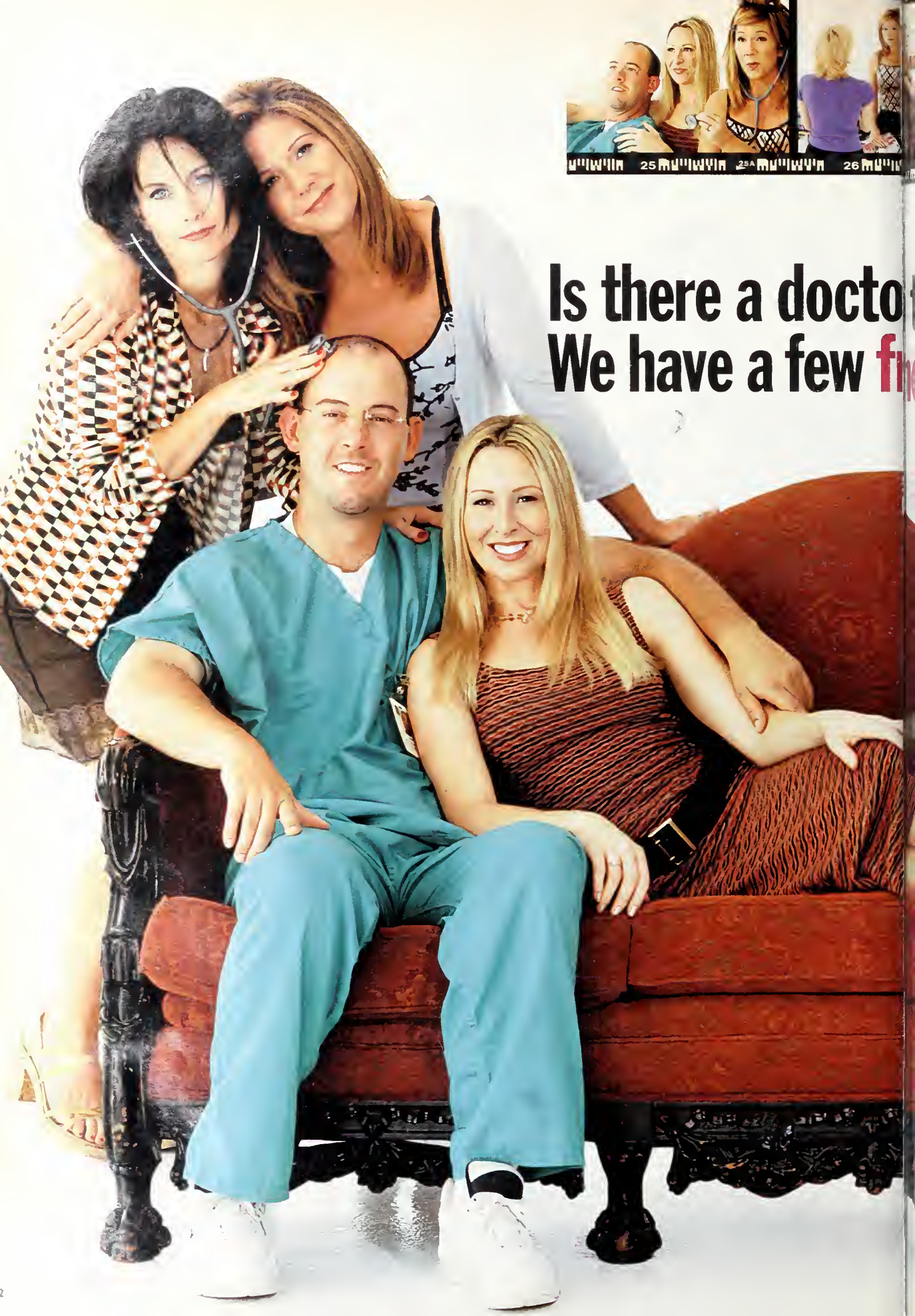
"A TV salesman once told me I could be Sandra Bullock's twin sister. That was when I started to see the resemblance myself."

ALEC BALDWIN, **a.k.a. Rick Kocsis, 33, a married network computer salesman and father of one from Tempe, Arizona**

"At first I didn't know whom people were talking about when they told me I looked like Alec Baldwin. I finally had to go see one of his movies—after all, I'm approached about eight times a day."

NICOLE KIDMAN, **a.k.a. Pam Berk, 27, an actress from Chicago** *(continued)*





Is there a docto
We have a few fr



the house?
nds we'd like you to meet



(continued) "A few years ago, I got pulled over for speeding. The cop thought I was Nicole, and couldn't believe it when my I.D. proved I wasn't. Luckily, he still didn't give me a ticket!"

COURTENEY COX, **a.k.a. Sylvia Elrod, 37, a second-grade teacher and mother of three from Huntsville, Alabama** "Courteney grew up just thirty miles from where I live, so as you can imagine our resemblance causes a lot of buzz at the grocery checkout. We do look alike—but I dress much more conservatively!"

JENNIFER ANISTON, **a.k.a. Sharon Gill, 31, a married Los Angeles hairdresser** "The minute *Friends* aired, all my friends called to tell me to turn on the TV. It was incredible, like looking in a mirror!"

ANTHONY EDWARDS, **a.k.a. Gordon Woodruff, 27, a customer-service associate from St. Louis** "Two years ago on vacation, I shaved my head to make it easier to put on sunscreen. I also got wire-rimmed glasses. Suddenly, strangers started asking me for autographs. I've gotten a little more used to it, but it's still weird to see 'myself' on TV."

LISA KUDROW, **a.k.a. Julie Manning, 33, a single flight attendant from Washington, D.C.** "Passengers have asked me to sing 'Smelly Cat' so many times, I can't even count." *(continued)*



Imagine, five of the newsmakers, all in one



(continued) LEANN RIMES, **a.k.a. Carolyn Pritchard, 22, assistant at Madame Toussaud's Wax Exhibition, in London**

"In England, no one knows who LeAnn is, so I can really be myself, but back in the States people can't believe I'm *not* her. But I like to say *she* looks like *me* because I'm older and was therefore here first!"

JENNY MCCARTHY, **a.k.a. Melanie Bartoe, 22, a single dental assistant from Bismarck, North Dakota**

"I tend to stick my tongue out and make faces like Jenny does, so people insist I act like her as well as look like her. But I definitely don't wear Candies."

CELINE DION, **a.k.a. Marianne Wittmer, 22, a single mechanical engineer from Brighton, Michigan**

"My four-year-old sister is convinced it's me when Celine's video comes on, and sometimes I'll sing 'It's All Coming Back to Me Now.' But I'm tone-deaf, and people beg me to stop!"

TIGER WOODS, **a.k.a. Ernie Bagorio, 32, a married construction worker and father of two from Livermore, California**

"I always know when Tiger makes news because people will kid around about seeing my picture in the paper. Funny thing is, I don't even play golf."

DREW BARRYMORE, **a.k.a. Terri Daley, 22, a single mom of one from Monticello, Mississippi, and an employee at a recycling plant**

"Drew and I looked alike when she starred in *E.T.*, and today we even have the same style, right down to the tattoos on our tummies. When my daughter saw Drew in a Guess? ad not long ago, she said, 'Mommy, what are you doing in that picture—and *who's* that guy with you?'"

Check out our fabulous look-alikes on *Entertainment Tonight* and our behind-the-scenes videos at LHJ Online: *www.lhj.com*.

Christmas at the Ranch

The holidays

pines, jingling bells, sparkling lights . . . and a hundred or so



Christmas at C Lazy U Ranch is made for memories: riding through the snow on a thick-coated mare; singing carols in the main lodge, fragrant with the scent of pine; seeing Santa arrive on Christmas Eve on a horse-drawn sleigh.

In charge of all the picture-perfect festivities are Karen and Brian Murray, owners of the five-thousand-acre guest ranch in Granby, Colorado. They play host not only to their own extended family, but to dozens of families from all over the country who come each year to share the heartwarming traditions of a Western Christmas at a ranch that has been in operation since 1919.

Children and their parents *(continued)*

Red and golden apples adorn garlands that decorate the Murrays' dining room. For them, Christmas is about spending time as a family (bottom left) and reuniting with friends for whom a holiday stay at the ranch is a tradition. A sign of the season: a pair of wreaths on the front gate to welcome guests

don't get any more festive than this—with snow-covered close family and friends

Produced by Kimberlie A. Waugh





Just decorating the tree a
efforts are rewarded each

(continued) arrive filled with anticipation. First, it's off to the stables to greet a favorite horse among the one hundred sixty available for guests. Kids hurry to sign up for a morning ride on the feed sled, when hay is tossed out to the horses, who trot along behind it. Others head to the pond with their skates, try cross-country skiing on the property or take a shuttle to Winter Park for downhill skiing. A not-to-miss treat: swooshing down the three-quarter-mile-long sled run on one of the lodge's thirty vintage Flexible Flyers. "No matter what age you are at the top of the hill," says Brian, thirty-eight, "you are twelve at the bottom."

Brian knows full well the magic the place holds for a child—he spent his own boyhood summers here. When he had the chance to visit again, during a business trip in 1988, the ranch was for sale. He'd always dreamed of returning to the ranch in a more permanent way, and sure enough, the owners were holding out for a buyer who would preserve its traditions.

And in keeping with tradition, at Christmas everyone at the ranch pitches in. The ranch hands labor for days, looping garlands of greenery from rafters inside the lodge and wrapping strands of twinkling lights outside. Meanwhile, Brian and a helper zoom out in a snowmobile to cut down Christmas trees they selected earlier in the fall. They need two: one about eight feet tall for the main room of the lodge, and a fifteen-footer for the family room of the Murrays' log home, where the ceiling soars to twenty-seven feet. *(continued)*



akes a day in itself. But the Murrays'
ime they step into the family room

The family room of the Murrays' Alpine Log Home is dressed for the holidays with ropes of evergreens and velvety scarlet ribbon. Towering over all: a fifteen-foot tree





Dolls in antique costumes and small wooden houses stand watch over the family's needlepoint Christmas stockings. Above: the ranch, good enough to eat

The best part comes after dinner, when Santa arrives on his sleigh

(continued) Decorating the family tree is an all-day project for Brian, Karen and their sons, Kevin, six, Matthew, three, and Teddy, two. "Luckily, we have a pretty good-sized ladder," says Brian. Karen hangs the Christmas stockings, two for each child—a tradition that was born when both grandmothers simultaneously presented a trio of beautiful stockings they had needlepointed.

Of course, Christmas would not be complete without gingerbread houses. Charlene Whaley, the ranch's baker, makes a replica of the lodge for display in the main room. It is a grand creation, complete with gingerbread figures of the ranch hands. For the Murray home, Karen and the boys bake their own gingerbread cottage. "It's nothing like Charlene's," says Karen, laughing. "We're lucky if it sticks together."

Christmas Eve is a splendid family celebration. While the Murrays gather for a meal at home, guests sit down to a sumptuous feast in the lodge's dining room. Each table is served its own succulent turkey, and a guest at each table is elected to carve it. "We fit them out with their own apron and a carving set," says Brian. As guests savor the last taste of chef Bob Inman's creamy Bûche de Noël, the sound of sleigh bells summons everyone to the balcony for a first glimpse of Santa. A pair of horses, wearing bells and wreaths, arrives pulling a sled bearing Brian dressed as St. Nick. Then, as children gather around, he hands each a present. "*Wow*," one child invariably says, tugging at his parent's sleeve, "there really *is* a Santa Claus." —*Sally Clark*

All photos, Peter Vitale. Stylist, Michael Foster; hair and makeup, Kim Crcehling; flowers, 800-FLOWERS; greenery, JBC Tree Farm; ribbons, C.M. Offray & Son, Inc.; ornaments, Silvestri. Details, page 178.



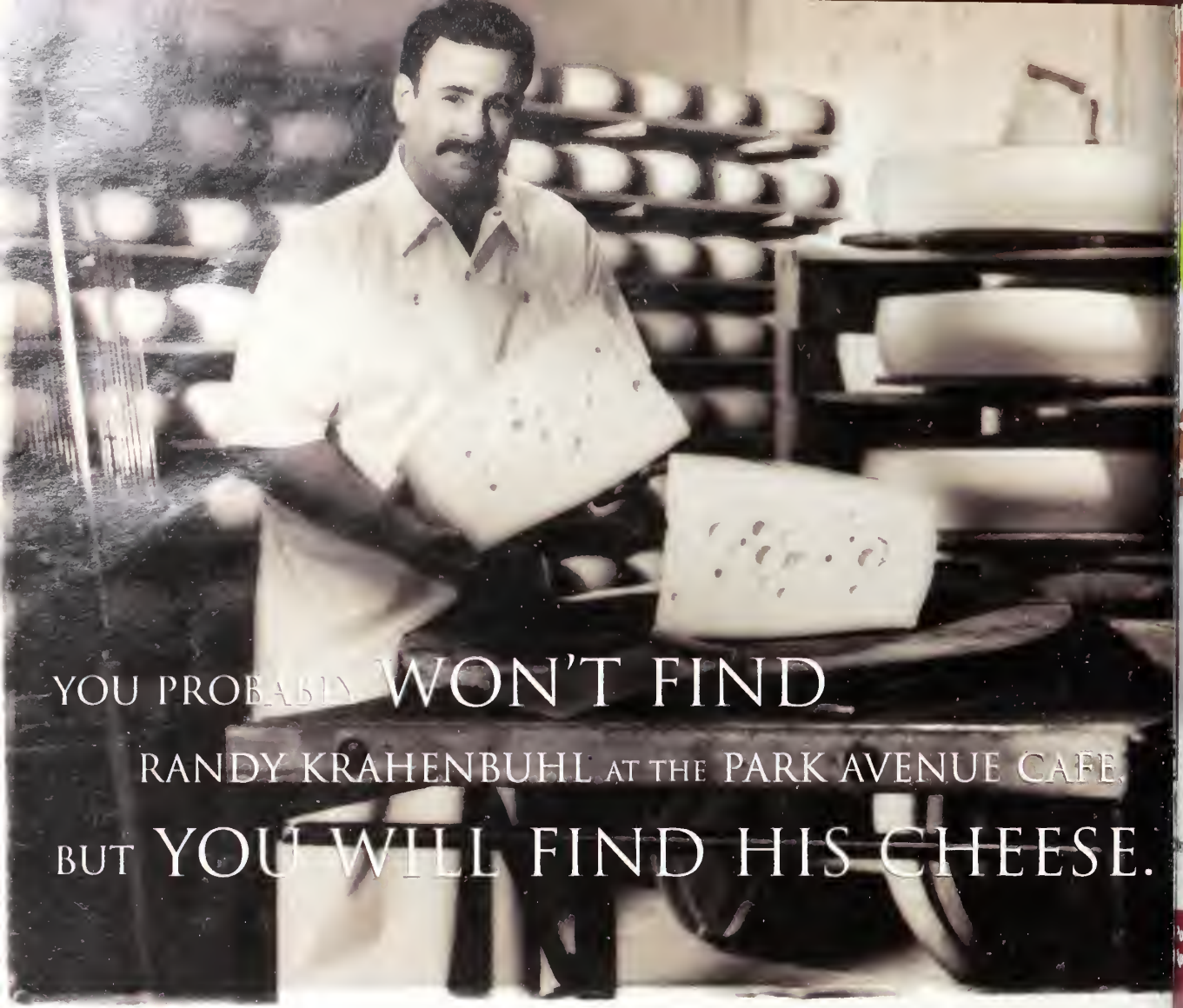
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YOU PROBABLY WON'T FIND RANDY KRAHENBUHL AT THE PARK AVENUE CAFE, BUT YOU WILL FIND HIS CHEESE.



New York City is 960 miles from Monticello, Wisconsin. But watching Randy at work in his aging room, you quickly get a sense that it's not the distance that keeps him from venturing too far away — he'd simply rather be here than anywhere else. And why not? As a Master Cheesemaker, this is his art. And, this is his home. Randy grew up here, working alongside his father. Under Walter Krahenbuhl's watchful eye, Randy learned the subtle techniques of handcrafting splendid cheese. And he learned about perfection. It's a tradition of apprenticeship that continues with Randy's own son today. And while Randy is an exceptional cheesemaker, his story is quite common. Old world heritage and unequaled quality standards have been passed from one generation of Wisconsin cheesemakers to the next for more than 150 years. Maybe that's why restaurants that share Randy's passion for excellence choose cheese from Wisconsin. Of course, you can experience the same good taste in your own kitchen. Just look for the Wisconsin name the next time you select a fine cheese.



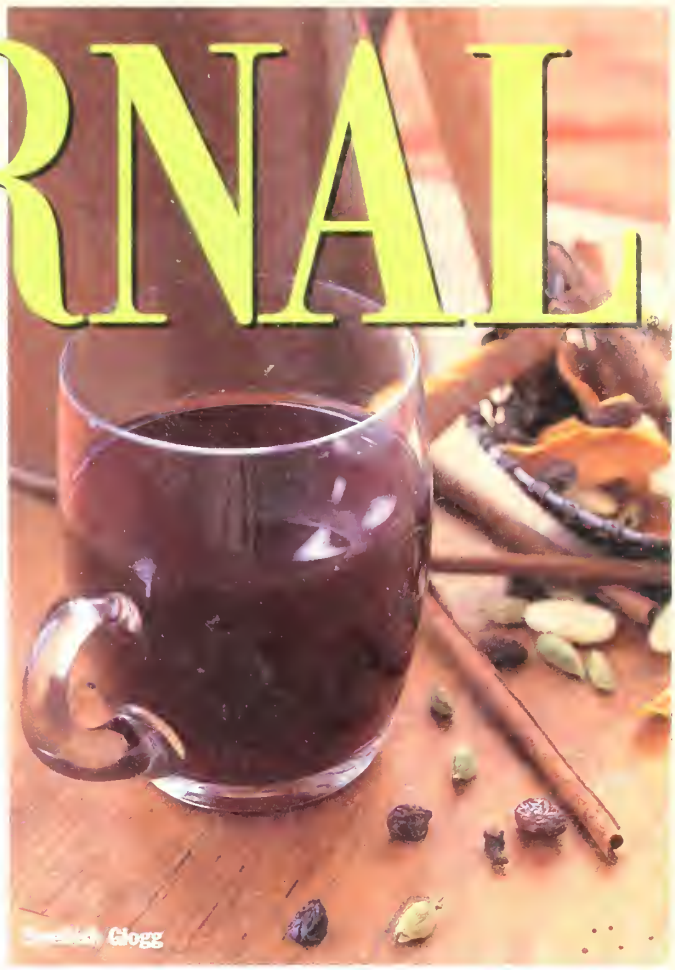
WISCONSIN CHEESE

Taste Why

FOOD JOURNAL



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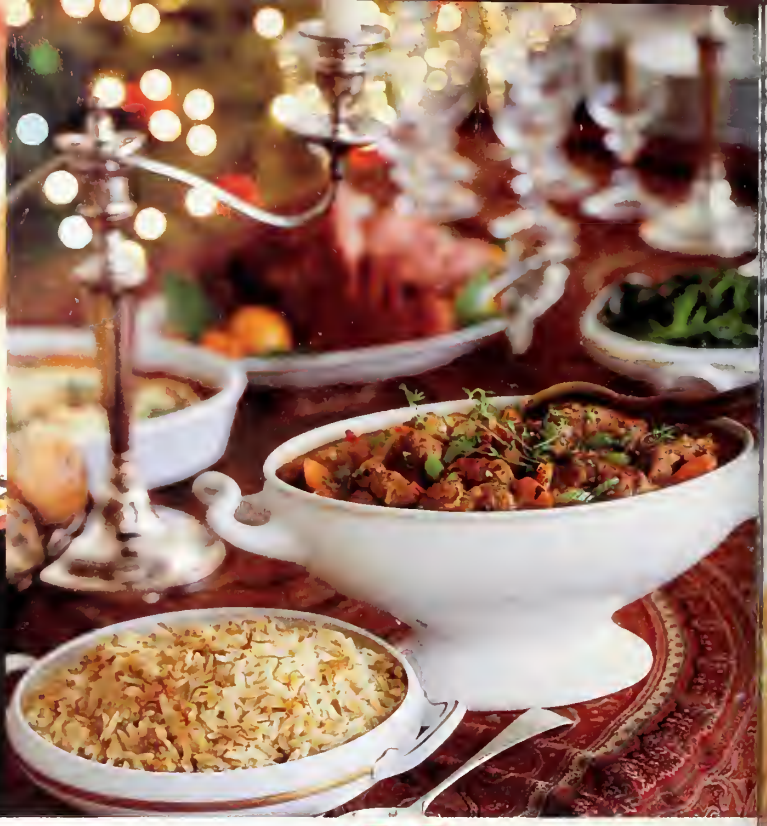
otato Latke with
pple-Pear Compote

Season's Eatings

Christmas comes but once a year, and this month we help make it more tha
long wait. Jus
festive buffet (
parties of any
cookie collecti
honored hits).
old-time tradit
our holiday cl
here, are guar
bring you goo







A Holiday Buffet

Whether you're entertaining eight—or eighteen—this do-ahead menu is perfect to serve all season long

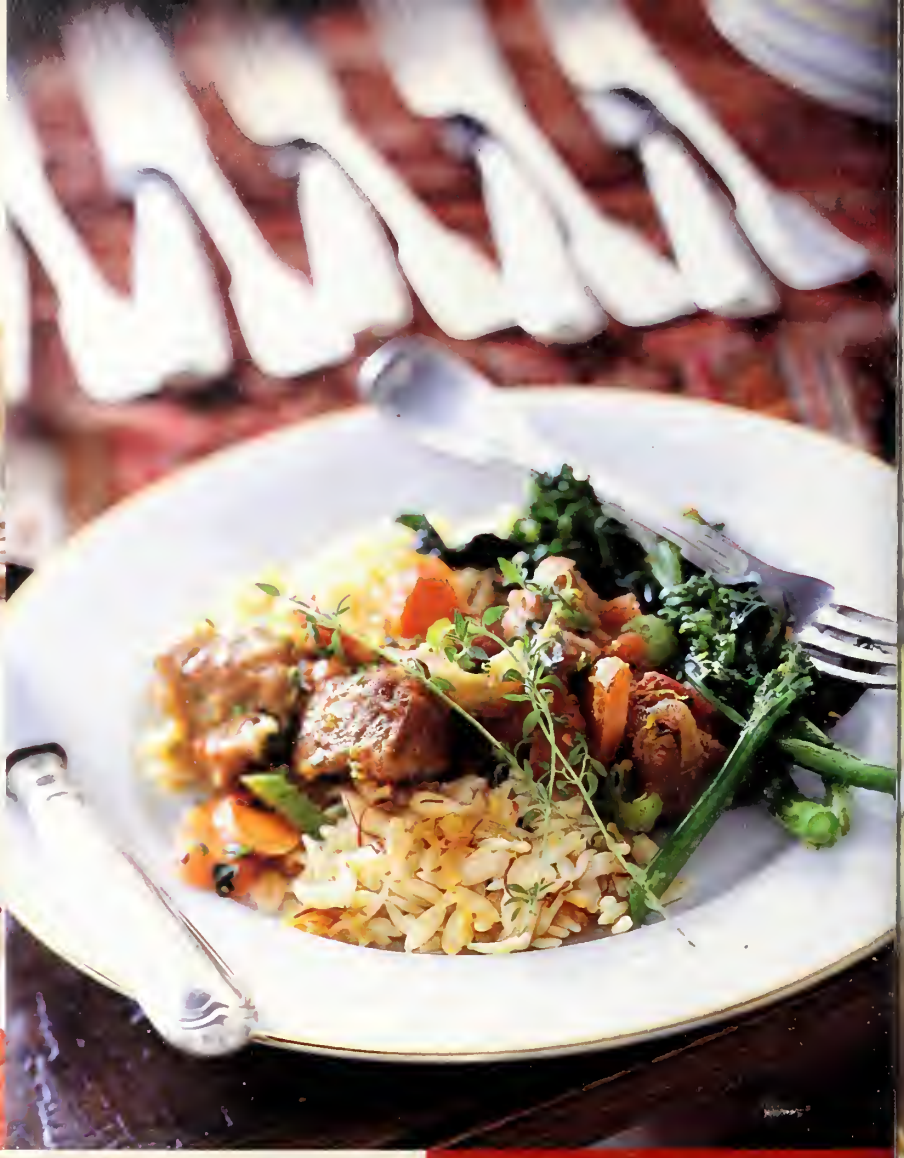




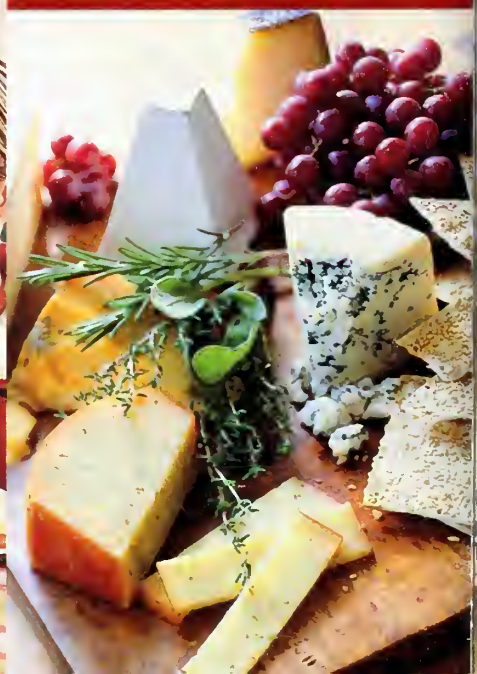


pposite page, top right: Veal tew with Gremolata, orzo, roccoli rabe; bottom left: pinach Cannelloni with ontina, Roasted Fennel and range Salad. This page: estive Fruit and Prosciutto latter, Smoked Salmon lousse with Shrimp, Spiced amb Phyllo Triangles









Let the merriment begin! Clockwise from top left: Warm Sesame- and Poppy-Seed Dinner Rolls; a serving of veal, orzo and broccoli rabe; assorted cheeses; refreshing Roasted Fennel and Orange Salad



:lockwise from top: Fresh
ineapple and strawberries, Linzer
'orte, Holiday Rice Pudding

○ Easy ◉ Challenging ▼ Low-fat
Refrigerate ⏲ Microwave ▽ Low-calorie
❄ Can be frozen up to 1, 3, 6, or 9 months

Holiday Buffet for 8

Festive Fruit and Prosciutto Platter
Smoked Salmon Mousse with Shrimp
Spiced Lamb Phyllo Triangles

•

Veal Stew with Gremolata with orzo
Spinach Cannelloni with Fontina
Holiday ham*

•

Broccoli rabe*
Roasted Fennel and Orange Salad
Sesame- and Poppy-Seed Dinner Rolls

•

Holiday Rice Pudding
Linzer Torte
Fresh pineapple and strawberries*

*Recipe not included

FESTIVE FRUIT AND PROSCIUTTO PLATTER

Salty prosciutto combined with a variety of sweet and colorful fresh fruit creates a delicious contrast of flavors and makes a stunning appetizer.

Total prep time: 30 minutes ○ ▼

4 ounces dried figs
10 cups assorted cut-up fruit (peeled cantaloupe, mango, pears, fresh figs, kiwi or raspberries)
8 ounces thinly sliced prosciutto
Lime slices, for garnish
Sliced French bread

1. Cover dried figs with hot water in small bowl. Let stand 10 minutes.
2. Meanwhile, arrange remaining fruit on large serving platter. Drain dried figs and cut into wedges; add to fruit.
3. Trim any excess fat from prosciutto; cut into strips. Arrange with fruit; garnish with lime slices. *(Can be made ahead. Cover and refrigerate up to 2 hours.)* Serve with bread. Makes 8 servings.

PER SERVING		DAILY GOAL
Calories	220	2,000(F), 2,500(M)
Total fat	5 g	60 g or less (F); 70 g or less (M)
Saturated fat	1 g	20 g or less (F); 23 g or less (M)
Cholesterol	23 mg	300 mg or less
Sodium	533 mg	2,400 mg or less
Carbohydrates	39 g	250 g or more
Protein	10 g	55 g to 90 g
Calcium	63 mg	1,000 mg (F); 1,000 mg (M)

SMOKED SALMON MOUSSE WITH SHRIMP

A winning combination of lemon-herb shrimp layered between smoked salmon mousse.

Prep time: 30 minutes plus chilling
Cooking time: 8 minutes ◒ ⏲

Shrimp Layer
1 tablespoon butter (no substitutions)
2 tablespoons finely chopped sweet onion
8 ounces peeled and deveined medium shrimp, chopped
½ teaspoon salt
⅛ teaspoon freshly ground pepper
1 tablespoon white wine
1½ teaspoons chopped fresh dill
1 teaspoon chopped fresh parsley
¼ teaspoon grated lemon peel

Salmon Layer
½ teaspoon unflavored gelatin
1½ teaspoons prepared horseradish
½ cup heavy or whipping cream
4 ounces smoked salmon, finely chopped
½ teaspoon fresh lemon juice
⅛ teaspoon ground white pepper

¼ cup finely diced red pepper
2 tablespoons finely diced green onion
2 teaspoons chopped fresh parsley
Assorted crackers

1. Line 2 individual 4-inch springform pans* with plastic wrap.
2. *Shrimp layer:* Melt butter in skillet over medium heat; add onion and cook until softened. Add shrimp, salt and pepper; cook, stirring, until shrimp is opaque. Stir in wine; cook 2 minutes more until shrimp is pink. Remove from heat; stir in dill, parsley and peel. Cool.
3. *Salmon layer:* Sprinkle gelatin over 2 teaspoons water in small *(continued*

THE MORE THE MERRIER: expanding the buffet menu

Need the buffet to feed more guests? Not only have we done the math for you, but we also offer some additional zero-prep ideas:

• Purchase a fully cooked spiral-sliced ham or smoked turkey breast or smoked salmon. Serve with assorted mustards, chutneys and relishes.
• Add some torn romaine leaves to our Roasted Fennel and Orange Salad. Or buy a couple of bags of prepared Caesar salad complete with dressing and croutons.
• Pick up a tray of crudités and dip from your supermarket.
• When guests ask what they can bring, mention items that fit in the menu, such as: interesting cheese, gourmet coffee, bottled water, wine or top-quality chocolates for the dessert table.

How to Expand LHJ's Holiday Menu Our menu serves eight. If you're having more guests, here's a guide for how much more to make.

Recipe	*Serves 12*	*16*	*24*
Festive Fruit and Prosciutto Platter	1½x recipe	2x recipe	3x recipe
Smoked Salmon Mousse with Shrimp	1x recipe	2x recipe	3x recipe
Spiced Lamb Phyllo Triangles	1x recipe	1½x recipe	2x recipe
Assorted Cheeses*	4 to 6 varieties	5 to 7 varieties	5 varieties x 2
Veal Stew with Gremolata	1½x recipe	2x recipe	3x recipe
Orzo*	1 lb.	2 lbs.	2½ lbs.
Spinach Cannelloni with Fontina	1x recipe	1x recipe	2x recipe
Holiday Ham* (1 fully cooked spiral-sliced ham)	7 to 9 lbs.	10 to 12 lbs.	14 to 16 lbs.
Broccoli Rabe*	3½ lbs.	5 lbs.	6 lbs.
Roasted Fennel and Orange Salad (or see no-prep salad tips above)	1½x recipe	2x recipe	3x recipe
Sesame- and Poppy-Seed Dinner Rolls	1x recipe	2x recipe	3x recipe
Holiday Rice Pudding	1½x recipe	2x recipe	3x recipe
Linzer Torte	2x recipe	2x recipe	3x recipe
Fresh Pineapple and Strawberries*	6 cups	8 cups	12 cups

*Recipe not included

Nobody judges a holiday dinner by the *green beans.*



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When it has to be great, it has to be CURE 81® *ham. Whether boneless or spiral-sliced, it's tender, delicious, perfect every time.* CURE 81® *ham. It's dependability worth paying for.*

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m... ...roof bowl; let stand ... minute. Microwave on High ... seconds, until dissolved; stir in horseradish. Beat cream in mixer bowl to soft peaks; beat in dissolved gelatin mixture. Beat in remaining ingredients ... until combined.
4. Spread a scant 1/2 cup of salmon mixture in bottom of each prepared pan. Divide and spread shrimp mixture over mousse. Spread remaining salmon over shrimp filling. *(Can be made ahead. Cover and refrigerate 2 hours or overnight.)*
5. Remove springform rings from pans. Peel off plastic wrap. Combine red pepper, green onion and parsley; divide and sprinkle over top of each mousse. Serve with crackers. Makes 8 servings.
*Available from Wilton Enterprises, 800-794-5866.

Per serving: 115 calories, 8 g total fat, 4.5 g saturated fat, 71 mg cholesterol, 312 mg sodium, 1 g carbohydrates, 9 g protein, 32 mg calcium

SPICED LAMB PHYLLO TRIANGLES

Guests will adore these crisp phyllo packages filled with ground lamb, spices and feta cheese.

Prep time: 50 minutes ◒ ❄1
Baking time: 20 to 25 minutes

Lamb Filling
- *1/2 pound ground lamb*
- *2 cloves garlic, minced*
- *1 can (14 1/2 oz.) stewed tomatoes*
- *1/4 cup rice*
- *1/3 cup water*
- *1 1/2 teaspoons red wine vinegar*
- *1/2 teaspoon salt*
- *1/8 teaspoon oregano*
- *1/8 teaspoon cinnamon*
- *1/8 teaspoon ground red pepper*
- *1/2 cup crumbled feta cheese*
- *2 tablespoons chopped fresh cilantro*

10 sheets phyllo dough
4 tablespoons unsalted butter, melted
1 tablespoon plain dry bread crumbs

1. *Make lamb filling:* Heat large skillet 1 minute over medium-high heat. Add lamb and cook until no longer pink. Add garlic and cook, stirring, 1 minute. Reduce heat to medium. Add remaining ingredients, except feta and cilantro. Cook, stirring occasionally, 20 to 22 minutes until rice is almost cooked. Cool. Stir in feta cheese and cilantro.
2. Place phyllo sheets in one stack on work surface. With sharp knife, cut crosswise into 2-inch wide strips. Remove 2 strips of phyllo and place one on top of the other; cover remaining with plastic wrap. Place 1 tablespoon lamb filling on one end. Fold up around filling flag style to form triangles. Transfer seam side down (trimming end if necessary) to ungreased cookie sheet. Repeat. Butter top and sides of triangles and sprinkle lightly with crumbs. *(Can be made ahead. Place unbaked triangles on a cookie sheet. Freeze 1 hour. Transfer to airtight container and freeze up to 1 month.)*
3. Heat oven to 375°F. Bake triangles (unthawed if frozen) 20 to 25 minutes until puffed and golden brown. Makes 30 triangles.

Per triangle: 70 calories, 4 g total fat, 2 g saturated fat, 12 mg cholesterol, 134 mg sodium, 6 g carbohydrates, 2 g protein, 20 mg calcium

VEAL STEW WITH GREMOLATA

This rich stew is garnished with gremolata—an invigorating blend of finely chopped fresh parsley, lemon peel and garlic.

Prep time: 50 minutes ○ ❄
Cooking time: 1 hour, 45 to 50 minutes

- *4 pounds boneless veal stew meat, trimmed and cut into 1-inch cubes*
- *1 1/4 teaspoons salt, divided*
- *1/2 teaspoon freshly ground pepper*
- *4 tablespoons olive oil, divided*
- *6 tablespoons all-purpose flour*
- *1 cup white wine*
- *2 cups sliced onions*
- *1 1/2 teaspoons minced garlic*
- *2 carrots, sliced diagonally*
- *2 ribs celery, diced*
- *1 cup beef broth*
- *1 can (14 1/2 to 16 oz.) plum tomatoes, coarsely chopped, juice reserved*
- *1/4 teaspoon thyme*
- *2 bay leaves*
- *2 strips lemon peel*

Gremolata
- *2 tablespoons chopped fresh parsley*
- *1 teaspoon grated lemon peel*
- *1 teaspoon minced garlic*

Orzo

1. Pat veal dry. Combine 1 teaspoon salt and 1/2 teaspoon pepper in cup. Heat 1 tablespoon oil in 12-inch skillet over medium-high heat 1 minute. Lightly sprinkle one third veal with one third salt-and-pepper mixture and 2 tablespoons flour. Brown on all sides, 7 minutes. Transfer to large bowl. Repeat process two more times with remaining veal, salt-and-pepper mixture and flour, browning each batch in 1 tablespoon oil. Add wine to skillet; cook 1 to 2 minutes, scraping up any browned bits; add to veal. Remove skillet from heat.
2. Meanwhile, heat remaining oil in large Dutch oven over medium heat. Add onions; cover and cook 5 to 6 minutes, until lightly browned. Stir in garlic; cook until fragrant. Add veal, carrots, celery, broth, tomatoes with juice, thyme, bay leaves, lemon peel and remaining 1/4 teaspoon salt. Bring to a boil. Reduce heat to low; cover and simmer 1 1/2 hours, until veal is tender; uncover and cook 15 to 20 minutes more, until stew thickens. *(Can be made ahead. Cool. Cover and freeze in airtight container up to 2 weeks. Thaw in refrigerator overnight. Reheat over medium-low heat, stirring, 20 to 25 minutes.)*
3. *Gremolata:* Combine all ingredients in bowl. Stir into stew just before serving. Serve with orzo. Makes 8 servings.

Per serving: 360 calories, 12 g total fat, 2.5 g saturated fat, 188 mg cholesterol, 775 mg sodium, 14 g carbohydrates, 48 g protein, 94 mg calcium

SPINACH CANNELLONI WITH FONTINA
Indulgent But Worth It

Melt-in-your-mouth cannelloni rolls make an elegant vegetarian main dish for the buffet. Tender homemade crepes replace the dried cannelloni pasta shells.

Prep time: 1 1/2 hours ◒
Baking time: 25 to 30 minutes

Tomato Sauce
- *1 teaspoon olive oil*
- *2 tablespoons minced shallots*
- *1 can (28 or 32 oz.) whole tomatoes in puree, chopped*
- *2/3 cup water*
- *2 tablespoons chopped fresh parsley*
- *1/2 teaspoon rosemary*
- *1/4 teaspoon salt*

Crepes
- *3/4 cup water*
- *3/4 cup milk*
- *3 large eggs*
- *1/4 teaspoon salt*
- *1/8 teaspoon nutmeg*
- *1 1/2 cups all-purpose flour*
- *1 teaspoon vegetable oil*

Béchamel Sauce
- *2 tablespoons butter or margarine*
- *3 tablespoons minced shallots*
- *3 tablespoons flour*
- *1/2 cup heavy or whipping cream*
- *1 cup milk*
- *1/4 teaspoon salt*
- *2 ounces Italian fontina cheese, cut up*

Filling
- *1 tablespoon olive oil* *(continued)*

Party All Night Without Hating Yourself in the Morning



Post Spoon Size® Party Mix

4 cups Spoon Size® Shredded Wheat
1 cup small unsalted pretzels
1 cup popped popcorn
3 tablespoons Parkay® Spread Sticks, melted
1 tablespoon Worcestershire sauce
1 teaspoon seasoned salt

Nutrition information per 1/2 cup serving:
100 calories, 3g fat, 0.5g saturated fat, 0mg cholesterol, 190mg sodium, 17g carbohydrate, 2g dietary fiber, 2g protein.

Mix cereal, pretzels and popcorn in 15x10x1-inch baking pan. Mix Parkay®, Worcestershire sauce and seasoned salt in small bowl. Drizzle evenly over cereal mixture; toss to coat. Place in large microwavable bowl.

Microwave on High 5 to 6 minutes or until crisp, stirring halfway through cooking time. Cool. Store in tightly covered container.

Oven preparation: Heat oven to 300° F. Prepare as directed above in 15x10x1-inch baking pan. Bake mixture in pan 30 minutes or until crisp, stirring halfway through baking time.

Makes 12 (1/2 cup) servings



1 cup chopped fennel (anise)
1 teaspoon chopped garlic
2 bags (10 oz. each) fresh spinach
1 container (32 oz.) ricotta cheese
1 large egg yolk
½ cup freshly grated Parmesan cheese
½ teaspoon salt
¼ teaspoon freshly ground pepper

1. *Tomato sauce:* Heat oil in medium saucepan over medium-high heat. Add shallots; cook 1 minute. Add remaining ingredients; bring to a boil. Reduce heat and simmer 25 minutes. Set aside.
2. *Crepes:* Process all ingredients except flour and oil at low speed in blender. Add flour and process until smooth. Lightly coat a 6-inch nonstick skillet with oil; heat over medium-high heat 1 minute. Pour 2 tablespoons batter into skillet, tilting to coat bottom. Cook 1 minute until crepe sets on top and begins to brown on bottom. Invert onto plate. Repeat process with remaining batter, stacking crepes. Cover lightly with plastic wrap. *(Can be made ahead. Wrap crepes well and transfer tomato sauce to airtight container. Refrigerate both up to 5 days.)*
3. *Béchamel sauce:* Melt butter in small saucepan over medium-high heat. Add shallots; cook 1 minute. Stir in flour; cook 1 minute. Stirring constantly, gradually add milk, cream and salt. Bring to a boil; reduce heat and simmer 1 minute. Stir in cheese until melted. Cover and set aside.
4. *Filling:* Heat oil in 12-inch skillet over medium heat. Add fennel and garlic; cook 2 to 3 minutes until tender. Add spinach; cover and cook until wilted. Remove spinach to sieve, pressing out excess liquid. Coarsely chop and combine with remaining ingredients in large bowl.
5. *To assemble:* Heat oven to 375°F. Cover bottom of shallow 4-quart baking dish with 1 cup tomato sauce. Working in batches, arrange crepes on work surface; spoon ⅓ cup filling along center of each crepe; roll up. Arrange cannelloni in 3 rows in prepared dish. Spoon 1 cup tomato sauce down center of dish; spoon remaining sauce around edge. Spoon béchamel sauce between tomato sauce to cover cannelloni. *(Can be made ahead. Cover cannelloni with plastic wrap. Refrigerate up to 24 hours.)* Bake cannelloni 25 to 30 minutes until tomato sauce is bubbly around edges. Let stand 10 minutes. Makes 8 to 10 servings.

Per serving: 475 calories, 26 g total fat, 14 g saturated fat, 169 mg cholesterol, 876 mg sodium, 36 g carbohydrates, 24 g protein, 581 mg calcium

ROASTED FENNEL AND ORANGE SALAD
Food Editor's Favorite

Roasting fennel adds a marvelous anise flavor to this unusual salad.

Prep time: 18 minutes ○ Roasting time: 20 to 25 minutes

3 large bulbs (3 lbs.) fennel (anise), trimmed and sliced ¼ inch thick
2 tablespoons extra-virgin olive oil
¼ teaspoon salt

(continued)

Just Like Clockwork

True, feeding eight guests or more is a big job, but it doesn't have to leave you crazed and exhausted. Follow these time-wise guidelines to make your festive gathering a smooth—and tasty—success!

Make-Ahead Holiday Buffet

Up to 1 month ahead:
- **Buy ingredients for Spiced Lamb Phyllo Triangles and Linzer Torte.**
- **Make and freeze Spiced Lamb Phyllo Triangles (do not bake).**
- **Make and freeze Linzer Torte.**

Up to 2 weeks ahead:
- **If serving, order fully cooked spiral-sliced ham.**
- **Buy ingredients for Veal Stew (but not Gremolata) and Sesame- and Poppy-Seed Dinner Rolls.**
- **Make and freeze Sesame- and Poppy-Seed Dinner Rolls.**
- **Make and freeze Veal Stew.**

Up to 5 days ahead:
- **Buy ingredients for Spinach Cannelloni with Fontina.**
- **Prepare and refrigerate tomato sauce and crepes for Spinach Cannelloni with Fontina.**

2 days ahead:
- **Clear refrigerator to make space for remaining ingredients and prepared dishes.**
- **Purchase ingredients for remaining recipes (including gremolata ingredients for Veal Stew, and assorted cheeses, if serving).**
- **Cook broccoli rabe and refrigerate.**

1 day ahead:
- **Make and refrigerate Smoked Salmon Mousse with Shrimp (through step 4).**
- **Finish making Spinach Cannelloni with Fontina (do not bake).**
- **Roast fennel, make dressing, section oranges and refrigerate for Roasted Fennel and Orange Salad.**
- **Make and refrigerate Holiday Rice Pudding.**
- **Remove Veal Stew from freezer and thaw in refrigerator overnight.**

Party Day

Morning:
- **Set up tables with serving pieces.**
- **If serving, prepare and refrigerate assorted cheese platter.**
- **Make and refrigerate gremolata for Veal Stew.**

2 hours before guests arrive:
- **Make and refrigerate Festive Fruit and Prosciutto Platter.**
- **Thaw Linzer Torte.**

1 hour before guests arrive:
- **Heat ham according to package directions, if serving.**
- **Remove assorted cheese platter from refrigerator.**
- **Cut up fresh pineapple and strawberries.**

½ hour before serving appetizers:
- **Remove Festive Fruit and Prosciutto Platter from refrigerator.**
- **Bake Spiced Lamb Phyllo Triangles.**
- **Finish making Smoked Salmon Mousse with Shrimp.**

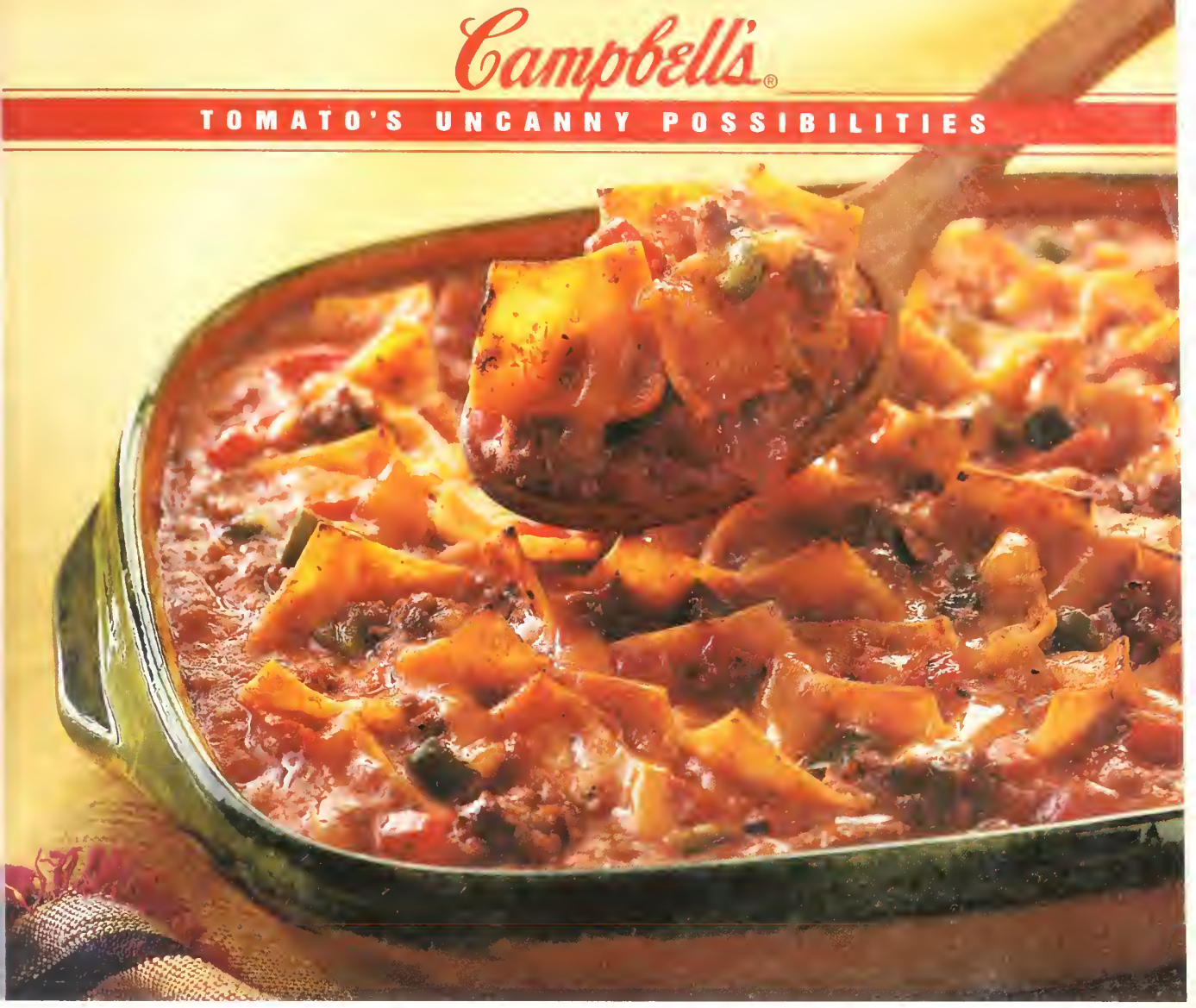
1 hour before serving dinner:
- **Thaw Sesame- and Poppy-Seed Dinner Rolls. Reheat.**
- **Remove roasted fennel and dressing from refrigerator for Roasted Fennel and Orange Salad.**

45 minutes before serving dinner:
- **Bake Spinach Cannelloni with Fontina.**
- **Cook orzo. Reheat Veal Stew.**

Just before serving dinner:
- **Reheat broccoli rabe.**
- **Place ham on serving platter.**
- **Finish making Roasted Fennel and Orange Salad.**
- **Remove gremolata from refrigerator and stir into Veal Stew.**

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A new take on tacos.

Campbell's® Beef Taco Bake

Prep Time: 10 min. Cook Time: 30 min.

- 1 lb. ground beef
- 1 can (10 3/4 oz.) Campbell's® Condensed Tomato Soup
- 1 cup salsa
- 1/2 cup milk
- 6 flour tortillas *or* 8 corn tortillas (6 to 8"), cut into 1" pieces
- 1 cup shredded Cheddar cheese

1. In skillet over medium-high heat, cook beef until browned, stirring to separate meat. Pour off fat.
2. Add soup, salsa, milk, tortillas and ***half*** the cheese. Spoon into 2-qt. shallow baking dish. ***Cover.***
3. Bake at 400°F. 30 min. or until hot. Sprinkle with remaining cheese. Serves 4.

Free Recipe Booklet: For more recipes send name, address and 50¢ for P&H to: Campbell's, Dept. C., P.O. Box 4116, St. Cloud, MN 56398-4116. While supplies last.



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HOLIDAY BUFFET

Continued

¼ teaspoon freshly ground pepper

Dressing
3 tablespoons fresh orange juice
2 teaspoons balsamic vinegar
¼ teaspoon salt
¼ cup olive oil

4 large navel oranges, peeled and sectioned
2 bunches (8 oz.) arugula, trimmed

1. Arrange oven racks to center and lower thirds of oven. Heat oven to 400°F.
2. Toss fennel slices with oil, salt and pepper in a large bowl. Divide and spread on 2 jelly-roll pans. Roast fennel 10 minutes. Switching pans between racks, roast 10 to 15 minutes more until edges begin to brown and fennel is tender. Cool on pans. *(Can be made ahead. Cover and refrigerate overnight. Bring to room temperature before serving.)*
3. *Make dressing:* Whisk orange juice, vinegar and salt in small bowl; gradually whisk in oil. *(Can be made ahead. Cover and refrigerate overnight.)*
4. Toss fennel and orange sections with dressing. Arrange on serving platter lined with arugula. Makes 8 servings.

Per serving: 155 calories, 10.5 g total fat, 1.5 g saturated fat, 0 mg cholesterol, 283 mg sodium, 15 g carbohydrates, 3 g protein, 134 mg calcium

SESAME- AND POPPY-SEED DINNER ROLLS

Old-fashioned dinner rolls just like Mom used to make. The secret ingredient? Rye flour!

Prep time: 20 minutes plus rising
Baking time: 15 to 18 minutes

2 packages rapid-rise yeast
1½ cups warm water (105°F. to 115°F.), divided
2 teaspoons sugar
¼ cup honey
¼ cup butter or margarine, melted
4 to 4¼ cups bread or all-purpose flour
½ cup rye flour
1½ teaspoons salt
1 large egg white, lightly beaten
1 to 2 tablespoons sesame seeds or poppy seeds

1. Combine yeast, ½ cup warm water and sugar in small bowl; let stand 10 minutes, until bubbly. Stir in honey and butter.
2. Pulse 4 cups bread flour, rye flour and salt in food processor until combined. With machine running, pour in yeast mixture through feed tube until blended. Add remaining 1 cup warm water, pulsing, until dough forms a ball. Transfer to lightly floured surface. Knead 7 or 8 times until smooth, adding remaining ¼ cup flour as necessary. Place dough in lightly greased bowl; cover. Let rise in warm, draft-free place until doubled in bulk, 45 minutes.
3. Heat oven to 375°F. Lightly grease eighteen 2¾-inch muffin-pan cups. Punch down dough; transfer to lightly floured surface. Divide into 18 pieces. Roll each piece into a ball. Transfer to prepared cups. Lightly brush tops with egg white; sprinkle with sesame seeds or poppy seeds. Let rise until almost doubled in bulk, 15 minutes.
4. Bake rolls 15 to 18 minutes, until one roll sounds hollow when tapped on the bottom. Unmold rolls on wire racks. *(Can be made ahead. Cool. Wrap in foil and freeze up to 2 weeks. Thaw 45 minutes. Reheat, covered, in 350°F. oven 10 minutes.)* Serve warm. Makes 18 rolls.

Per roll: 175 calories, 4 g total fat, 2 g saturated fat, 7 mg cholesterol, 213 mg sodium, 30 g carbohydrates, 5 g protein, 16 mg calcium

HOLIDAY RICE PUDDING

Sweetened dried cranberries and candied orange peel give this dessert festive color. (To make your own candied citrus peel, see page 154.)

Prep time: 20 minutes
Cooking time: 50 minutes

1 quart milk
½ cup granulated sugar, divided
½ vanilla bean, split lengthwise

up long-grain rice
(not converted)
up dried, sweetened cranberries or
dried blueberries
ıblespoons pear brandy (eau-de-vie) or
white rum, divided
rge egg yolks
up heavy or whipping cream, divided
easpoon grated lemon peel
blespoons confectioners' sugar
blespoons diced candied orange peel
ıdied orange peel strips, for garnish

Bring milk, 1/4 cup granulated
ar and vanilla bean just to boil in
e saucepan over medium-high
t; stir in rice. Reduce heat, cover
simmer 40 minutes until rice
ender.
Meanwhile, stir cranberries and
ıblespoons pear brandy together in
ıll bowl. Set aside.
Whisk yolks, 1/2 cup cream and
aining 1/4 cup granulated sugar in
l. Stir into rice mixture. Bring to
; cook, stirring constantly,
ınutes. Remove vanilla bean and
ard. Transfer rice mixture to large
l; stir in lemon peel. Cool
ıpletely.
Drain cranberries; discard excess
id. Beat remaining 1/2 cup cream
ı confectioners' sugar until stiff.
d cream, cranberries, candied
ıge peel and remaining pear brandy
rice mixture. Transfer to serving
l. Garnish with additional candied
, if desired. *(Can be made ahead. Cover and refrigerate up to 24 hours.)*
kes 8 servings.

erving: 355 calories, 16.5 g total fat, 10 g saturated
1 mg cholesterol, 74 mg sodium, 43 g carbohydrates,
otein, 179 mg calcium

ZER TORTE

s classic jam-filled nut tart is of
trian origin. We substituted
elnuts for the more traditional
onds and added a hint of cocoa to
crust.

o time: 30 minutes ◒ ❄1
ing time: 35 to 40 minutes

cups all-purpose flour
p toasted, skinned hazelnuts, ground
blespoon unsweetened cocoa
ıspoon cinnamon
easpoon cloves
easpoon salt
up unsalted butter, softened (no substitutions)
up sugar
rge egg
1 large egg yolk
1 teaspoon vanilla extract
1/2 teaspoon grated orange peel
1/3 cup seedless raspberry preserves

1. Heat oven to 350°F. Combine flour, hazelnuts, cocoa, cinnamon, cloves and salt in bowl. Beat butter and sugar in mixer bowl until creamy. Beat in egg, egg yolk, vanilla and orange peel. On low speed, beat in dry ingredients just until combined.
2. Divide dough in half. Spread half along bottom only of a 9-inch tart pan with removable bottom. Spread preserves on top, leaving a 1/2-inch margin around the edge of pan. Fill a large pastry bag fitted with a round 1/2-inch tip with remaining dough. Pipe dough in a lattice pattern over preserves. Bake 35 to 40 minutes, until preserves are bubbly and lattice browned. Cool on wire rack 30 minutes. Unmold side of pan. Cool completely. *(Can be made ahead. Wrap and freeze up to 1 month. Thaw at room temperature 2 hours.)* Makes 8 servings.

Per serving: 46[illegible] cal[illegible] g total fat, 1[illegible] g saturated fat, 100 mg cholesterol, [illegible] mg sodium, [illegible] g carbohydrate, [illegible] g protein, [illegible] mg calcium

Recipes by Michele Peters, Jane Yagoda Goodman and Cynthia DePersio

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* Aerobic exercise alone is not sufficient for weight loss. A sensible, reduced calorie, low fat diet is also required



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Our favorite cookies



Clockwise from left: Fruitcake Bars, Holiday Marzipan Bars, Mochachino Shortbread, Sesame Seed Wafers, Chocolate Checkerboards

We've run literally hundreds of
but these are the ones readers
devotion? Willing staff taste-



Clockwise from top: Spicy Speculaas Strips, Apricot Fig Thumbprints, Cranberry Orange Filbertines, Hazelnut Meringue Sandwiches, Chocolate Cherry Biscotti, Little Lemon Spritz, Pecan Diamonds

ookie recipes over the years,
still ask for the most. Why such
esters help figure that out!

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◒ Moderate ⏲ Microwave ▽ Low-calorie
❄ Can be frozen up to 1, 3, 6, or 9 months

CHOCOLATE CHERRY BISCOTTI

Myrna Blyth, Editor-in-Chief

"I'm usually not a huge chocolate fan, but I adore biscotti, and these crisp finger cookies with chunks of chocolate and candied cherries are light and not too sweet—they're the perfect gift for the cookie tin."

Prep time: 45 minutes plus decorating
Baking time: 1 hour ○ ❄1

3 cups all-purpose flour
1 tablespoon baking powder
¼ teaspoon salt
3 large eggs
¾ cup sugar
½ cup butter, melted and cooled
1 tablespoon grated orange pecl
1 teaspoon vanilla extract
6 ounces bittersweet or semisweet chocolate squares, cut into ¼-inch pieces
1½ cups candied red cherries, halved
4 ounces semisweet chocolate, melted

1. Heat oven to 325°F. Arrange oven racks in center and lower thirds of oven. Grease a cookie sheet. Combine flour, baking powder and salt in bowl. Beat eggs in mixer bowl at medium-high speed, 1 minute. Gradually beat in sugar. At low speed, beat in butter, orange peel and vanilla. Beat in dry ingredients just until blended. Stir in chopped chocolate and cherries.
2. Divide dough into thirds. On a lightly floured surface, roll each piece into a 14x1½-inch log. Arrange logs 2½ inches apart on cookie sheet.
3. Bake on bottom oven rack 30 minutes until firm. Cool on pan on wire rack, 15 minutes.
4. Reduce oven temperature to 275°F. Carefully transfer logs to cutting board. With serrated knife, gently slice each log diagonally into ½-inch-thick slices. Arrange slices cut side down 1 inch apart on two large ungreased cookie sheets.
5. Bake 30 minutes until cut sides feel dry to the touch, switching and rotating cookie sheets after 15 minutes. Cool on wire racks.
6. *To decorate:* Stack cookies rounded side up on a sheet of wax paper. Spoon melted chocolate into a plastic storage bag; cut a very small hole in one corner. Drizzle chocolate over tops of cookies. Let stand until chocolate sets. Makes 6 dozen.

(continued)

Cookie Q&A

Got a question about baking cookies? Made a baking blunder that needs fixing? Here, the answers to the most frequently asked cookie questions, as tallied by the Land O'Lakes Holiday Bakeline, which has offered advice to a quarter of a million bakers since 1990.

1. DOES IT MATTER WHAT KIND OF BUTTER OR MARGARINE I USE IN A COOKIE RECIPE?

Yes! Use only butter or margarine that comes in sticks, not any whipped, reduced-fat or tub products. Read the label to be sure the butter or margarine contains 80 percent fat—any less means there's a higher percentage of water, which is not recommended for baking.

2. HOW DO I SOFTEN BUTTER?

For best results, remove butter from the refrigerator and place an unwrapped stick between two sheets of wax paper. With a rolling pin, give each side of the butter a few whacks to make it pliable but not too soft. Softened butter should have the consistency of raw cookie dough.

3. CAN I SUBSTITUTE SALTED BUTTER FOR UNSALTED BUTTER OR VICE VERSA?

Yes. No need to add or delete salt.

4. CAN I SUBSTITUTE SHORTENING FOR BUTTER?

Yes, but you may miss the butter flavor. Use only unflavored solid vegetable shortening. Some brands are available in premeasured sticks; others are sold in one- and three-pound tubs and should be measured with graduated dry measuring cups and spoons.

5. HOW CAN I TELL IF THE EGGS I BUY TO BAKE WITH ARE SAFE?

When buying eggs (our recipes call for large ones), be sure they have been refrigerated and have clean, uncracked shells. Also note the expiration date. Always keep eggs refrigerated in their carton until you are ready to use them. The USDA does not recommend eating raw cookie dough because of the possibility of raw eggs containing harmful bacteria. Any bacteria are killed once eggs are heated to a temperature of 160°F., so there's no problem once cookies are baked.

6. I ONLY HAVE DOUBLE-ACTING BAKING POWDER IN THE PANTRY, AND I WANT TO MAKE A CHOCOLATE COOKIE THAT CALLS FOR BAKING SODA, TOO. CAN I SKIP THE SODA AND JUST INCREASE THE POWDER?

No. Double-acting baking powder and baking soda (also known as bicarbonate of soda) make cookies rise, but in different ways. Baking powder is an acid; baking soda is a base. Baking soda can be stored indefinitely in a cool, dry place. Baking powder is a bit more perishable. Store it airtight in a cool, dry place up to one year.

7. CAN I MAKE MY COOKIE DOUGH AHEAD OF TIME?

Yes. Most cookie dough can be refrigerated or frozen. Pack dough in an airtight container, and store in the refrigerator up to 2 days or freeze up to 3 months. Thaw dough in the refrigerator until just soft enough to use.

To have future batches of cookies ready in minutes, drop tablespoonfuls of dough onto a cookie sheet and freeze until firm. Remove mounds and place in airtight container or heavy-duty plastic storage bag. To bake, place frozen cookie dough on a cookie sheet; let stand at room temperature for 20 minutes, then bake according to recipe directions.

8. WHY DO MY COOKIES BAKE UNEVENLY?

It may be that they're not uniform in size and thickness. Arrange in neat, even rows 2 or 3 inches apart on cookie sheets. Another possibility is that your oven has hot spots. Halfway through the baking time, switch the pans from one rack to the other, reversing the sheets front to back.

HAVE MORE QUESTIONS?

The Land O'Lakes Holiday Bakeline is open daily from November 1 through December 24, 9 A.M. to 7 P.M., E.T. Call 800-782-9606, or visit the Land O'Lakes Web site at *http://www.landolakes.com.*

The experts at Betty Crocker are also available to share advice. Call 888-275-2388 year-round Monday through Friday, 8:30 A.M. to 6:30 P.M., E.T., or visit their Web site at *http://www.bettycrocker.com* and double-click on the "Ask Betty" feature.

—Carol Prager



great American cook

Anthony Gaglione

shares a prize

family secret



Anthony's Mouthwatering Meatballs

In a large bowl, combine 1/2 lb. each **ground beef**, **pork** and **veal**, 1 **egg**, 2 cloves minced **garlic**, 1/4 cup grated **romano cheese**, 1/4 cup chopped fresh **parsley**, 3 slices **white bread** (pulled apart and tossed with 2 tbsp. water - that's the secret!), and 1/4 tsp. each **salt** and **pepper**. Mix well. Add 1/4 cup dry **breadcrumbs**. Mix again and form into balls. Heat 1/4 inch **crisco® natural blend** in a large frying pan. Add **meatballs** in a single layer and cook at medium-high heat for 4 minutes. Flip. Cook 4-6 minutes more (until done). Drain in a paper towel-lined bowl. Mangia!



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FAVORITE COOKIES

Continued

PER COOKIE		DAILY GOAL
Calories	85	2,000(F), 2,500(M)
Total fat	3.5 g	60 g or less (F); 70 g or less (M)
Saturated fat	2 g	20 g or less (F); 23 g or less (M)
Cholesterol	15 mg	300 mg or less
Sodium	52 mg	2,400 mg or less
Carbohydrates	13 g	250 g or more
Protein	1 g	55 g to 90 g
Calcium	19 mg	1,000 mg (F); 1,000 mg (M)

CRANBERRY-ORANGE FILBERTINES

Jan Turner Hazard, Food Editor

"Despite all the demands during the holidays, I love to make these scrumptious butter cookies rolled in chopped hazelnuts [filberts] because they're so easy."

Prep time: 35 minutes plus chilling ○ ❄1
Baking time: 12 to 14 minutes per batch

1 1/3 cups all-purpose flour
1/2 teaspoon baking soda
1/8 teaspoon salt
1/2 cup butter or margarine, softened
1/2 cup sugar
1 large egg
1 teaspoon vanilla extract
1 teaspoon grated orange peel
1/4 cup dried cranberries, finely chopped
3/4 cup skinned hazelnuts (filberts), finely chopped and divided

1. Heat oven to 350° F. Combine flour, baking soda and salt in bowl. Beat butter and sugar in mixer bowl until blended. Beat in egg, vanilla and orange peel. At low speed, beat in dry ingredients just until combined. Stir in cranberries and 1/4 cup nuts. Cover and refrigerate 1 hour, until dough is firm.
2. Grease 2 cookie sheets. Spread remaining nuts on a plate. Shape dough into 1-inch balls; roll in nuts. Transfer to prepared sheets. Bake cookies 12 to 14 minutes until lightly browned. Cool on racks. Makes 3 dozen.

Per cookie: 70 calories, 4.5 g total fat, 2 g saturated fat, 13 mg cholesterol, 53 mg sodium, 7 g carbohydrates, 1 g protein, 7 mg calcium

SOUR-CREAM SUGAR COOKIES

Budget Recipe Of The Month

Anna Demchick, Design Director

"I love these cookies because they remind me of my grandmother's delicious sugar cookies."

Prep time: 35 minutes plus chilling and decorating ○ ❄1
Baking time: 8 to 10 minutes per batch

3 1/4 cups all-purpose flour
1/2 teaspoon baking soda
1/4 teaspoon salt
3/4 cup butter, softened
1 1/4 cups sugar
2 large eggs
1/4 cup sour cream
1 1/2 teaspoons vanilla
Decorative Icing (page 178)

1. Combine flour, baking soda and salt in bowl. Beat butter and sugar in mixer bowl until light and fluffy.



turning apples into gold



Core some cooking apples. Drizzle with lots of honey and sprinkle with orange peel and cinnamon. Microwave on high for 2–2.5 minutes per apple. Cool for 2 minutes. (For more easy ideas, visit our web site at www.nhb.org)

simple. fast. honeyummy. Honey ®© NHB

Prep time: 30 minutes ○ ✻1
Baking time: 8 minutes per batch

1 cup sesame seeds
2 cups all-purpose flour
¼ teaspoon baking soda
½ cup butter or margarine, softened
½ cup vegetable shortening
1 cup firmly packed brown sugar
1 large egg
Granulated sugar

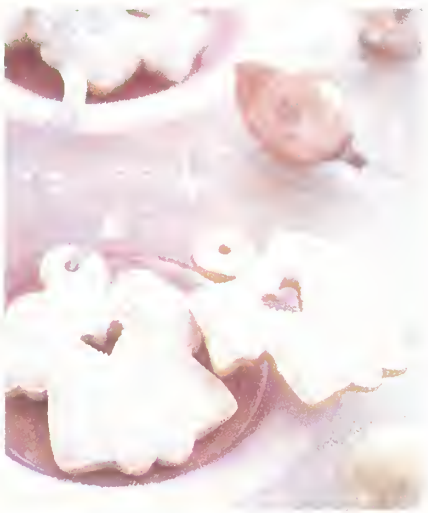
1. Heat oven to 375°F. Spread sesame seeds on a jelly-roll pan. Bake 8 minutes, just until toasted. Cool. Reserve ½ cup sesame seeds; transfer remaining seeds to plate.
2. Grease 2 cookie sheets. Combine flour and baking soda in bowl. Beat butter, shortening and brown sugar in mixer bowl until fluffy. Beat in egg. At low speed, beat in dry ingredients just until blended. Stir in reserved ½ cup seeds.
3. Shape dough into 1-inch balls. Roll in remaining seeds. Place balls 2 inches apart on sheets. Dip the bottom of a glass in granulated sugar and flatten balls into 1½-inch circles, ¼ inch thick. Bake 8 minutes until browned. Cool on wire racks. Makes about 5 dozen.

Per wafer: 65 calories, 4 g total fat, 1.5 g saturated fat, 8 mg cholesterol, 24 mg sodium, 7 g carbohydrates, 1 g protein, 28 mg calcium

FRUITCAKE BARS
Mary Mohler, Senior Editor, Books and Fiction

"I've always liked the idea of fruitcake at Christmas, but I've always taken a pass on the thing itself. *(continued)*

eat in eggs, sour
eam and
nilla. At low
eed, gradually
eat in dry
gredients just
ntil blended.
ivide dough
to quarters;
tten into disks.
rap and
frigerate
ernight.
Heat oven to
50°F. Grease
cookie sheets.
n floured
rface, roll 1 disk
inch thick. Cut
t with 3-inch
oured cookie cutters. Transfer to sheets. Bake 8 to
) minutes until edges are golden. Cool on racks. Repeat
ith remaining dough. Decorate. Makes about 4 dozen.



r cookie: 85 calories, 3.5 g total fat, 2 g saturated fat, 17 mg cholesterol, mg sodium, 12 g carbohydrates, 1 g protein, 5 mg calcium

SAME-SEED WAFERS
ll Benz Malter, Reader Service Editor

adore the taste and crunch of sesame seeds and there re are plenty of them in this light and sweet cookie!"

take your honey to tea



As the days begin to cool off, here's a way to keep you warm. Add some spices – let's say cinnamon and cloves – and lemon to your tea. Then drizzle in some honey. (For more easy ideas, visit our web site at www.nhb.org)

simple. fast. honeyummy. Honey ®© NHB

It's Beginning To Look A Lot Like Peanuts!



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FAVORITE COOKIES

Continued

These mini fruitcakes, with the combination of dried and candied fruits, are for people who don't like fruitcake." Tip: Bake the bars a day ahead to allow the flavors to blend and mellow.

Prep time: 30 minutes plus standing
Baking time: 40 to 45 minutes ○ ❄1

1 cup dried cranberries
1 cup dried blueberries
1 cup finely chopped dried pears
1 cup finely diced candied pineapple
½ cup finely diced candied orange peel
½ cup bourbon
1½ cups all-purpose flour
1½ teaspoons cinnamon
½ teaspoon allspice
¼ teaspoon cloves
⅛ teaspoon baking soda
⅔ cup butter or margarine, softened
1 cup firmly packed brown sugar
2 large eggs
2 tablespoons dark molasses
2 cups pecan halves, finely chopped

Glaze
1 cup confectioners' sugar, sifted
¼ teaspoon vanilla extract
¼ teaspoon freshly grated nutmeg
6 teaspoons milk

1. Combine fruits, candied peel and bourbon in bowl. Cover and let stand at room temperature overnight.
2. Heat oven to 325°F. Grease a 15½x10½-inch jelly-roll pan. Combine dry ingredients in bowl. Beat butter and brown sugar in mixer bowl until light and fluffy. Beat in eggs and molasses. At low speed, beat in dry ingredients until blended. Stir in fruit-bourbon mixture and pecans. Spread in prepared pan.
3. Bake 40 to 45 minutes, until firm when pressed in center. Cool on rack.
4. *Make glaze:* Meanwhile, stir all ingredients until smooth.
5. Spread glaze over top of fruitcake. Let stand until set. Cut into 2½x1¼-inch bars. Makes 48 bars.

Per bar: 150 colories, 6 g totol fot, 2 g soturoted fot, 16 mg cholesterol, 35 mg sodium, 24 g corbohydrotes, 1 g protein, 23 mg colcium

HOLIDAY MARZIPAN BARS

Carol Prager, Associate Food Editor

"These delightful confections were created for LHJ by a wonderful baker, Elizabeth Marks. The recipe makes a lot of dainty triple-layered cookies, and I make them every year for gifts."

Prep time: 45 minutes plus chilling
Baking time: 50 to 57 minutes ○ ❄1

Crust
2½ cups all-purpose flour
¾ cup sugar
1 cup cold butter or margarine, cut up
1 large egg, beaten

Filling
1 cup whole blanched almonds
1¼ cups sugar
½ cup shelled unsalted natural pistachios, chopped
¼ cup all-purpose flour
½ cup butter or margarine, softened
3 large eggs, divided
1½ teaspoons pure almond extract
1 teaspoon vanilla extract
1 to 2 drops green food coloring

½ cup seedless raspberry jam
5 ounces semisweet chocolate, melted
Decorative Icing (page 178)

1. *Crust:* Heat oven to 350°F. Grease a 15½x10½-inch jelly-roll pan. Pulse flour and sugar in food processor to combine. Add butter and pulse until mixture is the texture of coarse meal. Add egg and pulse until mixture begins to hold together. Press dough evenly into bottom and sides of prepared pan. Bake 20 to 22 minutes, until crust is browned at edges and golden in the center. Cool.
2. *Filling:* Meanwhile, process almonds, sugar, pistachios and flour in food processor, scraping sides of bowl until nuts are very finely ground. Add butter and 1 egg. Process until smooth. Add remaining eggs, the extracts and food coloring; process to blend.
3. Spread jam over bottom of crust. Spoon filling over jam and gently spread to cover. Bake 30 to 35 minutes, until filling is golden brown and firm in center. Cool completely on wire rack. Spread melted chocolate on top. Refrigerate until chocolate is set. Cut into 1¼-inch squares. Decorate. Makes 8 dozen.

Per bar: 80 colories, 4.5 g totol fat, 2 g soturoted fot, 17 mg cholesterol, 33 mg sodium, 9 g corbohydrotes, 1 g protein, 8 mg colcium

SPICY SPECULAAS STRIPS

Sarah Reynolds, freelance recipe developer

"When I created these delicate finger cookies, I was inspired by an almond spice cookie my mother used to buy called Windmill Cookies."

Prep time: 1 hour plus chilling ◒ ❄
Baking time: 9 to 13 minutes per batch

1½ cups sliced natural almonds, divided
1 cup granulated sugar, divided
3¼ cups all-purpose flour
1 tablespoon cinnamon

teaspoon ginger
teaspoon nutmeg
teaspoon cloves
teaspoon baking soda
cup butter, softened (no substitutions)
cup firmly packed brown sugar
large eggs
teaspoon grated lemon peel

Process ½ cup almonds and ¼ cup gar in food processor until almonds e finely ground. Combine nut ixture, flour, cinnamon, ginger, utmeg, cloves and baking soda in wl. Beat butter, remaining sugar and own sugar in mixer bowl until light d fluffy. Beat in eggs and peel. At w speed, gradually beat in dry gredients just until blended. Stir in maining almonds. Divide dough into arters; flatten into thick rectangles. rap and refrigerate overnight.

Heat oven to 350°F. Grease cookie sheets. Between 2 sheets of htly floured wax paper, roll 1 piece dough into a 14x9-inch rectangle. ncover and trim edges; with fluted stry cutter, cut in half crosswise to m two 9x7-inch rectangles. Cut each tangle lengthwise into ¾-inch-wide ips; trim. Slide paper onto ungreased okie sheet and freeze strips until n, 5 minutes. Carefully transfer ips to prepared cookie sheets. Bake o 13 minutes until lightly browned. move strips with long metal spatula racks; cool. Repeat with remaining ugh. Makes 6 dozen.

cookie: 75 calories, 4 g total fat, g saturated fat, 13 mg cholesterol, 33 mg sodium, carbohydrates, 1 g protein, 10 mg calcium

OCOLATE CHECKERBOARDS

rolyn Noyes, Managing Editor

hen I was making my first quilt for best friend's wedding gift, I found self with a lot of intricate stitching ead of me—and just one week to go. sister, Susan, hosted a quilting bee help me finish on time. These mmy, charming cookies remind me the pattern of that patchwork quilt."

p time: 1 hour plus freezing ◒ ✻1
king time: 7 to 9 minutes per batch

cups all-purpose flour
teaspoon baking powder
cup butter or margarine, softened
cup sugar
rge egg
teaspoons vanilla extract
unces unsweetened chocolate, melted

Combine flour and baking powder owl; remove 1 tablespoon of flour mixture to a cup and set aside.

2. Beat butter and sugar in a mixer bowl until light and fluffy. Beat in egg and vanilla. At low speed, gradually beat in flour mixture until blended; gather into a ball. For chocolate, remove 1¼ cups dough and transfer to a bowl. Stir in melted chocolate and reserved flour mixture until blended.

3. Divide chocolate and vanilla dough into thirds. Press each third into a 6x2-inch rectangle. Transfer rectangles to a large cookie sheet; freeze 10 minutes until firm. Working with one rectangle at a time, cut in half crosswise, then cut each half in thirds lengthwise to make six 3x½-inch strips. Repeat cutting remaining rectangles to make a total of 36 strips.

4. Place a sheet of plastic wrap on a smooth surface. Working along the long side, attach three strips of chocolate and vanilla dough side by side, alternating flavors and pressing gently to adhere. Top with another layer of three strips, alternating flavors from the bottom layer. Repeat process for final layer with three more strips. Gently press top and sides, smoothing surface to form a 3x1¾-inch checkerboard log about 1¾ inches high. Make three more logs with remaining strips; wrap tightly and freeze 3 hours until firm enough to slice.

5. Heat oven to 375°F. Grease 2 large cookie sheets. Cut twelve ¼-inch-thick slices from each log; arrange 1 inch apart on prepared sheets. Bake cookies, one sheet at a time, 7 to 9 minutes until edges are just golden. Cool on wire racks. Makes 4 dozen.

* Editor's note: Pictured wreath decorations by Kencraft, Inc. are available in cake decorating stores.

Per cookie: 70 calories, 6 g total fat, 2 g saturated fat, 12 mg cholesterol, 36 mg sodium, 8 g carbohydrates, 1 g protein, 6 mg calcium

MOCHACHINO SHORTBREAD

Susan Crandell, Executive Editor

"One of my neighbors is a ninety-two-year-old Scotswoman who makes scrumptious shortbread, the best I've ever tasted. Every Christmas, I bring her a tin of homemade cookies, but I have never dared to duplicate her shortbread. The rich chocolate and coffee flavor of these cookies has given me courage this year to do just that."

Prep time: 25 minutes ○ ✻1
Baking time: 30 to 35 minutes

2¼ cups all-purpose flour
½ teaspoon baking powder
1 cup butter, softened (no substitutions)
1 cup sugar
1 large egg yolk *(continued)*

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Fluffy Frosted Cake

Prep Time: 10 minutes

1 cup cold milk

1 pkg. (4-serving size) JELL-O® Instant Pudding & Pie Filling, any flavor

1 tub (8 oz.) COOL WHIP® Whipped Topping, thawed

2 prepared 9-inch cake layers

POUR milk into medium bowl. Add pudding mix. Beat with wire whisk 2 minutes. Gently stir in whipped topping. SPREAD on cake at once. Makes enough to fill and frost 2 (9-inch) cake layers. Store in refrigerator.

Remember, Santa takes bribes.



JELL-O INSTANT

FAVORITE COOKIES

Continued

1 teaspoon vanilla extract
½ teaspoon cinnamon
¼ cup Dutch process cocoa
1 ounce semisweet chocolate, grated
2 tablespoons (about 24) chocolate-covered coffee beans, chopped

1. Heat oven to 325°F. Combine flour and baking powder in bowl. Remove 2 tablespoons to cup. Beat butter and sugar in mixer bowl until light and fluffy. Beat in egg yolk and vanilla. At low speed, beat in flour mixture just until blended. Remove 1⅓ cups dough to medium bowl; set aside.
2. For vanilla dough, beat reserved 2 tablespoons flour mixture and cinnamon into one half of dough with wooden spoon until blended. For chocolate, beat cocoa and grated chocolate into remaining dough with spoon just until blended.
3. Alternating flavors, pinch walnut-size pieces of dough and drop in a random pattern on an ungreased 15½x10½-inch jelly-roll pan. Press doughs evenly in pan. Bake 30 to 35 minutes until vanilla dough is golden and shortbread slightly pulls away from edges of pan. Transfer pan to wire rack; sprinkle vanilla sections of cookie with chocolate-covered coffee beans. Let stand 10 minutes. With sharp knife, cut while warm into 24 squares. Cut each square in half diagonally to make triangles. Cool completely in pan. Makes 4 dozen.

Per cookie: 80 calories, 4.5 g total fat, 2.5 g saturated fat, 15 mg cholesterol, 48 mg sodium, 10 g carbohydrates, 1 g protein, 6 mg calcium

PECAN DIAMONDS

Sarah P. Basso, Assistant Food Editor

"I knew these luscious bar cookies were my favorite the moment I bit into one. The flavor of the creamy caramel filling reminds me of the butterscotch brownies my mom used to bake."

Prep time: 30 minutes plus standing
Baking time: 34 to 38 minutes ○ ❄1

Crust

¾ cup butter, softened
½ cup confectioners' sugar
1½ cups all-purpose flour

Filling

1 cup firmly packed brown sugar
1 cup butter or margarine
¾ cup honey
¼ cup granulated sugar
4 cups pecan halves, chopped
¼ cup heavy or whipping cream

1. Heat oven to 350°F. Line a 13x9-inch pan with foil.
2. *Crust:* Beat butter and confectioners' sugar in mixer bowl until fluffy. At low speed, add flour and beat until blended. Press dough evenly into bottom and 1¼ inches up side of pan. Bake 16 to 18 minutes until golden at edges. Cool.
3. *Filling:* Meanwhile, combine brown sugar, butter, honey and granulated sugar in a large saucepan. Cook over medium heat, stirring occasionally, until butter melts and mixture is blended. Bring mixture to a boil. Boil 4 minutes (do not stir). Remove pan from heat; stir in pecans and cream. Pour into crust, spreading evenly.
4. Bake 18 to 20 minutes, until filling is lightly browned and bubbly. (Filling will not be firm.) Cool in pan on wire rack. Wrap and let stand at room temperature overnight. Unwrap and place a large cookie sheet on top. Invert and remove pan. Peel off foil and invert cookie onto cutting board. Cut crosswise into 1-inch strips, then cut diagonally at 1-inch intervals to form diamonds. Makes 7 dozen.

Per diamond: 105 calories, 8 g total fat, 3 g saturated fat, 11 mg cholesterol, 41 mg sodium, 9 g carbohydrates, 1 g protein, 6 mg calcium

APRICOT FIG THUMBPRINTS

Jane Yagoda Goodman, Assistant Food Editor

"The addition of dried figs and walnut to the filling makes these thumbprints anything but ordinary."

Prep time: 45 minutes ○ ❄
Baking time: 10 to 11 minutes per batc

Filling

¾ cup dried figs
½ cup walnut pieces
½ cup apricot preserves
2 tablespoons brown sugar
2 teaspoons fresh lemon juice

1 cup unsalted butter, softened
¾ cup firmly packed brown sugar
1 large egg yolk *(continue*

COOKIES: THE DEEP FREEZE

- **Our frosted and unfrosted cookies can be frozen and stored up to six months. Do not store in the refrigerator.**
- **Arrange cookies in a container lined with foil or plastic wrap; separate the layers with wax paper or plastic wrap.**
- **Tightly seal container; label with contents and date, then freeze.**
- **Thaw cookies at room temperature in a single layer 15 minutes. Bar cookies may need to thaw 1 to 2 hours. —C.P.**

Double Layer Chocolate Pie

Prep Time: 15 minutes



- 4 oz. PHILADELPHIA BRAND® Cream Cheese, softened
- 1 Tbsp. sugar
- 2 cups + 1 Tbsp. cold milk
- 1 tub (8 oz.) COOL WHIP® Whipped Topping, thawed
- 1 KEEBLER® READY CRUST® Chocolate Pie Crust (6 oz.)
- 2 pkg. (4-serving size) JELL-O® Chocolate Flavor Instant Pudding & Pie Filling





1. In a large bowl, mix cream cheese, sugar, and 1 Tbsp. milk with wire whisk until smooth. Gently stir in 1 1/2 cups whipped topping. Spread on bottom of crust.
2. In a second bowl, stir pudding mix into remaining milk until well blended. (Mixture will be thick.) Immediately stir in remaining whipped topping. Spread over cream cheese layer.
3. Refrigerate 4 hours. Makes 8 servings.

Whoever said
it's better to give than to receive,
never tasted this.



FAVORITE COOKIES

Continued

1 teaspoon vanilla extract
2¼ cups all-purpose flour
¼ cup granulated sugar

1. Heat oven to 350°F.
2. *Make filling:* Cut stems from figs. Process figs in food processor, pulsing, until coarsely chopped. Add walnuts and pulse until both are finely chopped. Combine fig mixture and remaining ingredients in bowl.
3. Beat butter, brown sugar, egg yolk and vanilla in mixer bowl until light and fluffy. At low speed, beat in flour just until blended. Gather dough into a ball in bowl.
4. Spread granulated sugar on a plate. Shape dough into 1-inch balls and roll in sugar. Place balls 2 inches apart on ungreased cookie sheets; flatten slightly. Press a ¾-inch-wide indentation into center of each with thumb. Fill each indentation with rounded ½ teaspoon filling. Bake 10 to 11 minutes until edges are lightly browned. Cool on wire racks. Makes about 5 dozen.

Per thumbprint: 80 colories, 4 g total fot, 2 g saturated fat, 12 mg chalesterol, 3 mg sodium, 11 g corbohydrotes, 1 g protein, 10 mg colcium

HAZELNUT MERINGUE SANDWICHES

Cynthia DePersio, Test Kitchen Associate

"A winning flavor combination is hazelnut and chocolate, especially in these melt-in-your-mouth meringue morsels." Tip: Grinding the hazelnuts in the food processor with a little sugar prevents the mixture from sticking together.

Prep time: 1 hour plus standing ◒
Baking time: 1 hour

½ cup skinned hazelnuts (filberts)
½ cup sugar, divided
3 large egg whites
¼ teaspoon cream of tartar
⅛ teaspoon salt
¼ cup hazelnut spread
16 whole skinned hazelnuts and 2 ounces semisweet chocolate, melted

1. Heat oven to 225°F. Line 2 large cookie sheets with foil; lightly coat foil with vegetable cooking spray.
2. Process ½ cup nuts and 1 tablespoon sugar in food processor until nuts are finely ground. Beat egg whites in large mixer bowl on medium speed until foamy. Beat in cream of tartar and salt and continue to beat to soft peaks. Gradually beat in remaining sugar. Beat until stiff. With rubber spatula, gently fold ground nuts into whites. Spoon batter into a pastry bag fitted with a ½-inch round tip. Pipe batter into 1¼-inch circles 1 inch apart on prepared sheets. Bake 1 hour. Turn oven off. Let meringues stand in oven overnight (do not open oven door).
3. Peel meringues from foil. Divide and spread hazelnut spread on flat side of half the meringue circles. Top with remaining meringues.
4. *To decorate:* Split hazelnuts in half. Dip each nut halfway into chocolate. Dab top of each sandwich with remaining chocolate; press nut on top. Let stand until chocolate sets, 30 minutes. *(Can be made ahead. Store in airtight containers at room temperature up to 2 weeks.)* Makes 4 dozen.

Per cookie: 55 calaries, 3 g tatal fat, .5 g soturoted fot, 0 mg cholesterol, 16 mg sodium, 6 g corbohydrotes, 1 g protein, 7 mg colcium

LITTLE LEMON SPRITZ

Valerie Kalfrin, Copy Editor

"Although I can be a regular Cookie Monster, I don't like things that are too sweet. These tiny cookies have the perfect touch of tart lemon."

Prep time: 30 minutes plus standing
Baking time: 8 to 10 minutes ○ ❄1 per batch

2½ cups all-purpose flour
½ teaspoon baking powder
¼ teaspoon salt
1 cup unsalted butter, cut into 16 pieces
¾ cup granulated sugar
1 large egg
1 tablespoon grated lemon peel
2 teaspoons fresh lemon juice
1 teaspoon vanilla extract

Glaze
1 tablespoon fresh lemon juice
2 to 3 tablespoons heavy cream
1 cup confectioners' sugar

1. Heat oven to 350°F. Combine flour, baking powder and salt in bowl. Process butter and granulated sugar in food processor until smooth and creamy. Add egg, peel, juice and vanilla; process until blended. Add dry ingredients and pulse until well mixed.
2. Insert ridged or desired disk into a miniature* or standard cookie press. Place one third of dough into press. For ridged disk, on lightly floured surface pipe dough into 8-inch strips. Cut strips into 1-inch pieces and arrange 1 inch apart on ungreased cookie sheets. Bake 8 to 10 minutes, until cookies are firm and edges are lightly browned. Cool on wire racks.
3. *Make glaze:* Whisk juice, 2 tablespoons cream and confectioners' sugar in small bowl until smooth. (Add remaining 1 tablespoon cream if glaze is thick.)
4. Dip one end of cookies into glaze; place on sheet of wax paper. Decorate as desired. Let stand 30 minutes until glaze sets. Makes about 13 dozen miniature spritz, 8 dozen spritz.

*Availoble from specialty boking stares or Wilton Enterprises, 800-794-5866.

Per spritz (miniature size): 25 colories, 1.5 g totol fat, 1 g soturoted fot, 5 mg cholesterol, 6 mg sodium, 2 g corbohydrates, 0 g protein, 2 mg colcium

DECORATIVE ICING

Total prep time: 10 minutes ○

1 box (1 lb.) confectioners' sugar
*3 tablespoons meringue powder**
6 to 7 tablespoons cold water

Combine all ingredients in mixer bowl. Beat at medium speed until smooth. Increase speed to high and beat 5 minutes until thick and smooth, adding up to 1 tablespoon more cold water for piping consistency, if necessary.
To tint: Paste colors* provide the most vibrant hues, and because they are concentrated, you won't need to use much. Dab paste into icing with toothpick. Mix with spoon until well blended, gradually adding dabs of paste if necessary for desired color.
To spread: Thin icing with a little water, 1 teaspoon at a time, until spreadable. Spread on cookies with small brush or toothpick.

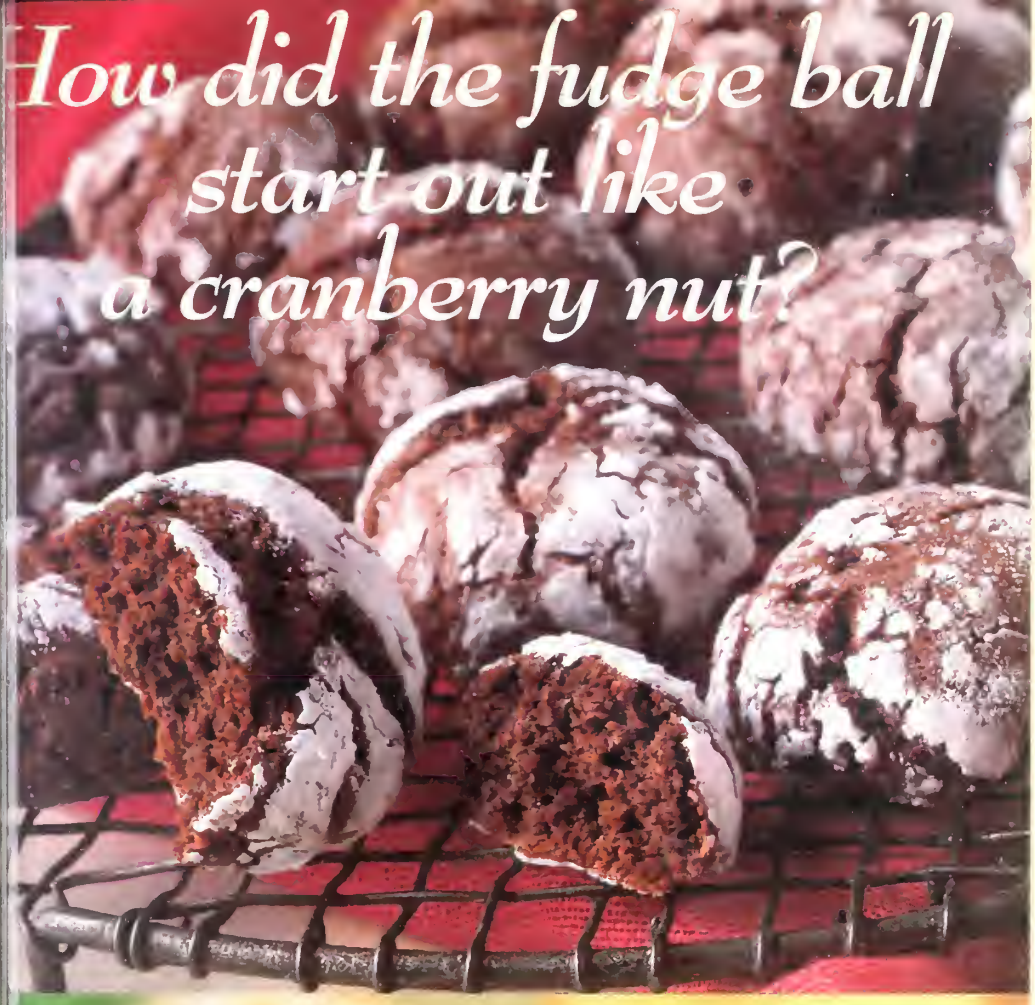
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Host a Christmas cookie exchange
Go Inside the Journal Kitchen at LHJ Online, where we've got everything you need—more great cookie recipes, plus tips and an interactive ingredients listing that makes sure you've got enough of everything on hand. So set a date and invite your baking buddies over for some holiday fun! Coming December 1, at www.lhj.com

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INSIDE THE JOURNAL KITCHEN

Our logo symbolizes 114 years of first-rate delicious recipes, triple-tested in the LHJ kitchen, and our commitment to quality as we bring dependable information—and tastes—to your table



Dinner On The Double

FRENCH ONION STEAK WITH MUSHROOMS

Prepared French onion soup and sherry make a wonderful sauce for these steaks smothered with mushrooms. Egg noodles are just the right accompaniment to soak up all the juices. Serve with peas or your favorite veggie.

Prep time: 5 minutes
Cooking time: 35 minutes

1. Melt *2 tablespoons butter or margarine* in 12-inch skillet over medium-high heat. Add *1 pound mushrooms, quartered,* and cook, stirring occasionally, 10 minutes until browned and liquid has evaporated. Transfer to bowl.
2. Start to cook *8 ounces egg noodles* according to package directions.
3. Sprinkle *4 boneless sirloin steaks (1¾ lbs.)* with *¾ teaspoon salt.* Brown 2 steaks, 1½ minutes per side. Transfer to bowl with mushrooms. Repeat process with remaining steaks. Return steaks and mushrooms to skillet. Add *⅓ cup dry sherry* and bring to boil; boil 30 seconds. Add *1 can (10½ oz.) condensed French onion soup* and *⅔ cup water;* return to boil. Reduce heat to medium-low and simmer 20 minutes until steaks are tender and sauce has reduced slightly. Drain noodles. Serve steaks with noodles and peas. Makes 4 servings.

PER SERVING		DAILY GOAL
Calories	795	2,000(F), 2,500(M)
Total fat	40 g	60 g or less (F); 70 g or less (M)
Saturated fat	16 g	20 g or less (F); 23 g or less (M)
Cholesterol	204 mg	300 mg or less
Sodium	930 mg	2,400 mg or less
Carbohydrates	53 g	250 g or more
Protein	50 g	55 g to 90 g
Calcium	54 mg	1,000 mg (F); 1,000 mg (M)

You Asked For It

Dear LHJ,
During the holiday season last year, I dined at the Chesaning Heritage House, in Chesaning, Michigan, and tried their exceptional Corn Chowder. Will you please get the recipe for me?
—Rose O'Brien
Bay City, Michigan

Heritage at Home

'Tis the season for unexpected company—and this two-step wonder is perfect for any last-minute occasion (especially since it takes only about half an hour to prepare)!

CORN CHOWDER

1. Bring *2 cans (13¾ to 14½ oz. each) chicken broth, 3 medium potatoes, peeled and diced, 1 cup diced smoked ham, 1 can (8¾ oz.) whole kernel corn* and *¼ teaspoon freshly ground pepper* to boil in medium saucepan. Reduce heat, cover and simmer 15 to 20 minutes until potatoes are tender.
2. Whisk *¼ cup flour* with *1 cup milk* in bowl until smooth; whisk into corn-potato mixture. Stir in *¼ cup butter or margarine, cut up.* Simmer, stirring, 2 minutes until butter has melted and soup has thickened. Sprinkle with *chopped fresh parsley.* Makes 5 cups.



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Party

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ROMA DOWNEY

Continued from page 135

Anspaugh (*Rudy*, *Hoosiers*, *Moonlight and Valentino*). "I didn't even know where you met people in L.A."

Downey and Anspaugh's pool-hall date was love at first sight. The pair was in North Carolina five months later, where the *Touched by an Angel* pilot was shot, when the spirit moved Anspaugh to propose.

For some time, the couple reluctantly shuttled between Salt Lake City, where *Angel* films, and Santa Monica. But ultimately, they "surrendered" to the Mormon capital's desert and valley splendors.

Though far from her homeland, Downey does charity work with Northern Irish kids and gets "heartbroken" at outbreaks of violence there, says producer/writer Martha Williamson. But at work, she sets an animated, often playful tone. She has been known to secretly order steaming mocha lattes for a bone-chilled crew (angel Monica is hooked on them), and displays flawless manners.

"If we even go out to lunch, there is a thank-you note the next day. There's gentility and genuine compassion there," says Williamson. "She has every reason to question God's existence after her childhood, but that is the miracle of Roma. She can distill what's important, right down to the essence of survival and what's precious about life."

Williamson says trouper Downey does become "adamant" when asking for more time to prepare her "deeply emotional revelation" speeches when she utters the words *God loves you*. "But this is not a problematic, star-driven person." Or, as fellow angel John Dye succinctly puts it: "I don't think one dodges bullets at ten years old and then suddenly takes all this Hollywood stuff terribly seriously."

Not surprisingly, Downey has used her new-won wealth not to flaunt her power but to honor her past. She bought two waterfront acres on Lough Foyle in County Donegal, where her father loved to bring his kids to escape the Troubles. She dreams of building a home there for all her siblings to share.

"I've had many blessings heaped upon me these last few years," says Downey. "But there's a sadness, too, because every child wants to make their parents proud, and mine just didn't live long enough."

If her career triumph connects her to the nurturing love of her father, raising Reilly has helped Downey conquer her life's deepest sorrow.

"When my mother died, it created a big hole inside me," she says quietly. "The woman I've become grew up around that hole and learned to live with that emptiness. But Reilly's arrival has filled that hole. I feel complete for the first time since I lost my mother. I never knew I could love so much." •

Jim Jerome is a contributing editor of Ladies' Home Journal.

LADIES' HOME JOURNAL online
Never Underestimate The Power Of A Woman

Chat with an Angel

Join in our Live Chat with Roma Downey, the heavenly star of CBS-TV's *Touched by an Angel*, on Sunday, November 16.

Log onto our Web site, LHJ Online, at www.lhj.com, for all the details, plus audioclips from our exclusive interview with the star—and more!

DELLA REESE

Continued from page 135

come down this long, hard road without learning a thing or two about angels. But then, remembering my decision about TV series, I told myself I'd simply do the pilot—which we thought would not get picked up.

In the pilot for the show, Tess (my character) and Monica (Roma Downey's character) didn't get on well. In actuality, we clicked so quickly that I was certain we'd known each other in a previous lifetime.

The role was a dream, and the show was picked up almost immediately by CBS. But I still had strong reservations about doing a television series. At my age, busy as a teacher, minister and entertainer, did I really need or want a TV show? According to Martha Williamson, the executive producer CBS had brought in, I did. She looked right at me and said, "I just want you to know that the show is going to talk about God and the word of God and God's love. Is that all right with you?"

I laughed out loud. She was asking me, a preacher who'd been singing gospel since I could talk, if it was okay.

Now I was confused, though. I thought the Father and I had been over the subject of TV series and agreed they didn't work for me. I went home, directly to my bedside, and said, "Father, I don't want to do this. You know I don't like the structure, all that corporate stuff."

He said, "Do this for me. And you can retire in ten years."

That was my decision. Period.

After the first six episodes, a few more were ordered, and despite scheduling changes, the series managed to last the season. That first year, the ratings weren't impressive, and the critics were skeptical. When talk of cancellation came up, however, fans mounted a massive grassroots campaign, and we were brought back for the '95–'96 season. By the third season, the show was a smash.

Meanwhile, Roma and I grew closer as time went on. With that lovely Irish lilt, she really is as charming as the TV character she portrays. Being in Salt Lake City, away from my own daughter, who is an adult now and busy with her family, I know that the Father has given me Roma—whose own mother died when she was nine—as a spiritual daughter to fill that absence. And after honoring me by asking me to preside at her marriage ceremony, she went on to bless me with a precious goddaughter, Reilly Marie.

The angels on the show don't come to fix people in trouble. They come to teach them how to fix themselves. And to reassure them that they are never alone, that God loves them, unconditionally and forever. God wants only the best for them, but God can't make them do anything. Human beings have been given free will, and the choice is always ours. •

For a special offer on Della Reese's autobiography, see page 82.

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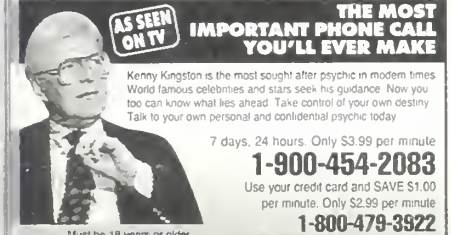
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How two women took action when a neighbor became the victim of a hate crime. By Joan Wester Anderson

The *Christmas* Menorah



During the wee hours of Sunday morning, December 8, 1996, after the third night of Chanukah, someone took a baseball bat and broke the front window of a house in Newtown, Pennsylvania. It was the only house on the street with a lighted menorah in the window, and the criminals reached through the shattered glass and smashed the menorah.

The menorah is used to celebrate the eight-day Jewish Festival of Lights, also known as Chanukah, which occurs around the same time as Christmas. As a Nativity scene reminds Christians of their heritage and faith, so does a menorah for Jews.

The woman who lived in the vandalized house was no stranger to prejudice. As a child, she had come with her mother, a Holocaust survivor, and her father to the United States to escape persecution in the Soviet Union. Now, as she viewed the smashed menorah, the familiar fear returned.

Lisa Keeling, a young mother who lived down the street, heard about the incident on returning from Mass with her family. She was appalled. Newtown has about fifteen hundred families, representing many cultures and religions; Lisa had never heard of anyone's being singled out because of faith or ethnicity. How would she feel if someone desecrated a crèche on her lawn? she wondered. Unless everyone were free to practice religious beliefs, no one could be free.

Lisa had an idea. She said to her husband, "I'd like to put a menorah in our front window, so that family will know they are not going through this alone. If the vandals come back, they'll have to target us, too. What do you think?"

Lisa's husband didn't hesitate. "Go for it," he said.

Lisa soon ran into another neighbor, Margie Alexander, who had been as horrified as Lisa when she heard the news and was also eager to act.

Margie started driving from store to store, looking for menorahs, with Lisa calling all the likely sources and relaying the information to Margie on her car phone. Word got around, and several Christian neighbors dropped by, asking where to purchase a menorah. Margie and Lisa bought up all they could and distributed them just before sundown—time to light the next candle.

Then Lisa took down the Christmas lights in one of her windows and put the menorah there, all by itself. "I didn't want there to be any doubt about the statement we were making," she recalls.

That night, when the Jewish woman turned onto her street, she stopped in amazement. Greeting her was a sea of orange menorah lights, shining in silent solidarity from the windows of all eighteen Christian households on her block. Blinking back tears, she went home, replaced the broken bulbs in her own menorah and put it back in the window.

Margie and Lisa are hanging menorahs again this Christmas. "It's become the most cherished part of my Christmas," Margie says, "and it taught me a wonderful lesson: Just one little step in the right direction can make life better for everyone." ●

Joan Wester Anderson is the best-selling author of four other books and more than a thousand articles and stories.

For a special offer on this book, please see page 82.

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